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**NC Division of Medical Assistance
Physical Rehabilitation Equipment
and Supplies**

**Medicaid and Health Choice
Clinical Coverage Policy No: 5A-1
Amended Date: December 1, 2017**

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1.0 Description of the Procedure, Product, or Service

1.1 Definitions

1.1.1 Durable Medical Equipment

Durable Medical Equipment is primarily and customarily used to serve a medical purpose, is generally not useful to an individual in the absence of a disability, illness or injury, can withstand repeated use, and can be reusable or removable.

1.1.2 Medical Supplies

Medical Supplies are health care related items that are consumable or disposable, or cannot withstand repeated use by more than one individual, that are required to address an individual medical disability, illness or injury.

1.2 Categories of Durable Medical Equipment and Medical Supplies

Durable Medical Equipment and Medical Supplies refers to the following categories of equipment and related supplies:

a. Inexpensive or Routinely Purchased:

These items are purchased for a beneficiary.

b. Capped Rental or Purchased Equipment:

These items are rented or purchased as follows:

1. The item is **rented** if the physician, physician assistant, or nurse practitioner documents that the anticipated need is six months or less.
2. The item may be **rented** or **purchased** if the physician, physician assistant, or nurse practitioner documents that the anticipated need exceeds six months. Once rental is initiated on an item, a subsequent request for prior approval of purchase of that item will be denied. The item becomes the property of the beneficiary when the accrued rental payments reach NC Medicaid (Medicaid) or NC Health Choice's (NCHC) allowable purchase price.

c. Equipment Requiring Frequent and Substantial Servicing:

These items are rented; oxygen and items dealing with oxygen delivery are in this category.

d. **Related Medical Supplies:**

Supplies are covered when they are provided for use with medical equipment owned by the beneficiary.

e. **Service and Repair:**

The service and repair of medical equipment owned by a beneficiary is covered over the useful life of the item. Refer to **Subsection 5.8, Servicing and Repairing Medical Equipment**, for additional information.

f. **Individually Priced Items:**

These items are reviewed on an individual basis and manually priced.

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Medical Supplies.

For the rates associated with the list of equipment, supplies, and services found in **Attachment A, Section C**, refer to the Durable Medical Equipment fee schedule at <http://dma.ncdhhs.gov/>.

In compliance with the CMS Home Health Final Rule Title 42, §440.70, items not listed in **Attachment A, Section C** or in the Durable Medical Equipment fee schedule will be considered for coverage if requested by a provider, or a beneficiary through a provider, and submitted for prior authorization (PA) review of medical necessity. For beneficiaries under age 21, please request an “EPSDT review” using NCTracks. Refer to section **2.2 Special Provisions** for more information about EPSDT. For beneficiaries aged 21 and older, please submit the request directly to the Division of Medical Assistance (DMA) per the procedure detailed in **Attachment D**.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(The term “General” found throughout this policy applies to all Medicaid and NCHC policies)

- a. An eligible beneficiary shall be enrolled in either:
 1. the NC Medicaid Program (*Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
 2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise*) Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
- b. Provider(s) shall verify each Medicaid or NCHC beneficiary’s eligibility each time a service is rendered.
- c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

- d. Following is only one of the eligibility and other requirements for participation in the NCHC Program under GS 108A-70.21(a): Children must be between the ages of 6 through 18.

2.1.2 Specific

(The term “Specific” found throughout this policy only applies to this policy)

- a. Medicaid
None Apply.
- b. NCHC
None Apply.

2.2 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

- a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary’s physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary’s right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider’s documentation shows that the requested service is medically necessary “to correct or ameliorate a defect, physical or mental illness, or a condition” [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary’s health in the best condition possible, compensate for a health

problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://dma.ncdhhs.gov/>

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

The Division of Medical Assistance (DMA) shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the DMA clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

Medicaid and NCHC cover durable medical equipment and related medical supplies when ALL the following requirements are met:

- a. the item is ordered by a physician, physician assistant, or nurse practitioner;

- b. the item is medically necessary to maintain or improve a beneficiary's medical, physical or functional level, and appropriate for use in any non-institutional setting in which normal life activities take place;
- c. a documented face-to-face encounter with the beneficiary and the ordering physician, physician assistant, or nurse practitioner related to the primary reason the beneficiary requires durable medical equipment and medical supplies has occurred no more than six (6) months prior to the initiation of durable medical equipment and medical supplies; and
- d. the beneficiary's need for durable medical equipment and medical supplies is reviewed by the ordering physician, physician assistant, or nurse practitioner at least annually.

Refer to **Subsection 1.1** for definitions of Durable Medical Equipment and Medical Supplies.

Refer to **Subsection 5.3, Documenting Medical Necessity**, for specific coverage requirements.

3.2.2 Medicaid Additional Criteria Covered

None Apply.

3.2.3 NCHC Additional Criteria Covered

None Apply.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

- a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0**;
- b. the beneficiary does not meet the criteria listed in **Section 3.0**;
- c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

Medicaid and NCHC shall not cover convenience items or features.

4.2.2 Medicaid Additional Criteria Not Covered

None Apply.

4.2.3 NCHC Additional Criteria Not Covered

- a. NCHC beneficiaries are excluded from preconception care, pregnancy, and gestational diabetes services. If eligible, NCHC beneficiaries who become

pregnant shall be enrolled in a Medicaid eligibility category that includes pregnancy coverage

- b. NCGS § 108A-70.21(b) “Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
 1. No services for long-term care.
 2. No nonemergency medical transportation.
 3. No EPSDT.
 4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection.”

5.0 Requirements for and Limitations on Coverage

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

5.1 Prior Approval

Some medical equipment and supplies require prior approval. Items that require prior approval are identified for the item identified on the *Durable Medical Equipment Fee Schedule* by an asterisk (*). The fee schedule is available on DMA’s website: at: <http://dma.ncdhhs.gov/>.

Prior approval is valid for the time period approved on the Certificate of Medical Necessity/Prior Approval (CMN/PA) form. If a physician, physician assistant, or nurse practitioner decides that an item is needed for a longer period of time, a new CMN/PA form must be submitted.

Capped rental items have restrictions on the length of rental. Refer to **Subsection 1.2**, for information on capped rental items.

5.2 Prior Approval Requirements

5.2.1 The General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Contractor the following:

- a. the prior approval request; and
- b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

Refer to **Subsection 5.3, Documenting Medical Necessity**, for information on documenting medical necessity requirements for specific Durable Medical Equipment and Supplies.

5.3 Documenting Medical Necessity

Medical necessity must be documented by the prescriber (physician, physician assistant, or nurse practitioner), for every item provided/billed regardless of any requirements for approval. A letter of medical necessity written and signed by the physician, physician assistant, or nurse practitioner, or other licensed professional permitted to perform those tasks and responsibilities by their NC state licensing board, may be submitted along with the CMN/PA.

5.3.1 Hospital Beds, Pediatric Beds and Related Supplies

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

All Hospital Beds require prior approval. They are covered by when they are medically necessary for the beneficiary:

- a. A **Fixed Height Hospital Bed** is medically necessary when one of the following is documented:
 1. The beneficiary's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, and avoid respiratory infections) in ways not feasible in an ordinary bed; or
 2. The beneficiary's condition requires special attachments that cannot be attached to and used on an ordinary bed.
- b. A **Variable Height Hi-Lo Hospital Bed** is medically necessary when one of the following is documented:
 1. The beneficiary's condition requires positioning of the body to alleviate pain, promote good body alignment, prevent contractures, and avoid respiratory infections, etc, in ways not feasible in an ordinary bed; or
 2. The variable height feature is necessary for the beneficiary to ambulate and transfer in and out of bed.
- c. A **Semi-Electric Hospital Bed** with electric-powered adjustments to lower and raise head and foot is medically necessary when the following is documented:
 1. The beneficiary's condition requires frequent change in body position; and
 2. There is an immediate need for a change in position and the beneficiary can operate the controls independently and make the adjustments.
- d. A **Total Electric Hospital Bed** with electric-powered adjustments to lower and raise head and foot is medically necessary when the following is documented:
 1. The beneficiary's condition requires frequent change in body position; or
 2. There may be an immediate need for a change in position; and
 3. The beneficiary can operate the controls and make the adjustments; and

4. The variable height feature must be medically justified.
- e. An **Oversized Hospital Bed and Replacement Innerspring Mattress** are medically necessary when all of the following criteria are met:
 1. Documentation submitted shows the beneficiary meets the medical necessity requirements for the comparable standard size equipment and the medical need for the oversized equipment;
 2. The beneficiary's height, weight, and body measurements are included on the CMN/PA form and meet the weight requirements specified in the HCPCS code requested. The body measurements must be taken in the appropriate position for the requested equipment (i.e. supine for hospital beds); and
 3. The dimensions of the requested equipment and the manufacturer's specified weight capacity for the equipment are included on the CMN/PA form.

Pediatric Beds

Pediatric Cribs, Pediatric Hospital Beds, and Safety Enclosures require prior approval and are covered when the beneficiary's diagnosis and medical condition deem it medically necessary. For prior approval one of the following criteria must be met:

- a. Documentation from the physician, physician assistant, or nurse practitioner includes an order for the hospital grade crib, safety enclosure, or related supplies and documents that this is the most appropriate, medically necessary bed for the beneficiary;
- b. The beneficiary's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in an ordinary bed or crib; or
- c. The beneficiary's condition requires a bed or crib with special attachments that cannot be attached to and used on an ordinary bed.

Pediatric Specialty Beds are beds, such as the *Sleep Safe* or *Pedi craft* beds, that have special safety features that prevent entrapment or falls. These beds are designed for children with physical and cognitive disabilities who require a safe enclosed padded interior that allows quick and easy access for frequent or sudden medical attention.

These beds and accessories are covered when the beneficiary's diagnosis and medical condition deem it medically necessary. Prior approval is required. For prior approval, all the following criteria must be met:

- a. Pediatric beds are deemed to be medically necessary when all the following criteria are met:
 1. Documentation from the physician, physician assistant, or nurse practitioner includes an order for the hospital grade crib, safety enclosure, pediatric specialty bed or related supplies and documents that this is the most appropriate, medically necessary bed for the beneficiary;

2. The diagnosis and medical condition of the beneficiary must support the need for the additional features these beds offer, for example severe spasticity, thrashing or uncontrolled movements, cognitive impairment, unsafe activities or behaviors which place the beneficiary at risk for injury and make the use of a specialty bed necessary;
 3. A letter of medical necessity or clinical evaluation from a physical therapist or occupational therapist involved in the care of the beneficiary that includes:
 - A. The specific detail to show how the requested equipment is medically necessary for the beneficiary; and
 - B. An explanation of why a regular bed or a hospital bed with rails and rail pads does not meet the beneficiary's needs. This includes a description of other less expensive specialty beds that were considered and ruled out and why they were ruled out.
- Note:** The physical therapist or occupational therapist completing the letter of medical necessity and evaluation cannot be employed by or have a financial relationship with the medical equipment provider.
4. The environment supports the use of a hospital grade crib, safety enclosure, or pediatric specialty bed and related supplies. Documentation must be included to demonstrate suitability in the environment and utilization for the beneficiary; and
 5. Documentation that the family or caregiver is willing and able to safely and appropriately use the equipment.
- b. Hospital grade cribs, safety enclosures, and pediatric specialty beds are not considered medically necessary when used for:
1. caregiver convenience,
 2. behavior therapy,
 3. physical restraint,
 4. substitute for appropriate parental; or caregiver supervision; or
 5. regular bed meets the needs of the beneficiary.

Hospital Bed Related Supplies

The following items **do not** require prior approval:

- a. A **Replacement Mattress or Side Rails** for a hospital bed is covered when the following criteria are met:
 1. There is evidence that the mattress or side rails is worn out or broken and must be replaced; and
 2. Continued use of an approved beneficiary-owned hospital bed is medically necessary.
- b. A **Trapeze Bar** is covered when the beneficiary requires the accessory to reposition himself or herself in an approved hospital bed.

- c. A **Traction Frame** is covered when the beneficiary requires traction for a specific orthopedic diagnosis and the equipment is ordered by a physician for use with an approved hospital bed.
- d. A **Bed Pan or Urinal** is covered when the beneficiary is unable to move from the bed to the bathroom or bedside commode for elimination.
- e. A **Bed Cradle** is covered if the beneficiary requires protection of a body part from topical pressure.

The following items **do** require prior approval

A **Heavy Duty Trapeze Bar** is covered when the beneficiary requires the accessory to reposition the beneficiary in an approved hospital bed and meets the weight requirement specified for the heavy duty trapeze bar. The beneficiary's weight must be stated on the CMN/PA form. Prior approval is required.

5.3.2 Pressure-Reducing Support Surfaces—Group 1

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Group I Pressure-Reducing Support Surfaces including an alternating pressure pad, pressure reducing mattress overlay, or air or gel pressure pad are covered when they are medically necessary for the beneficiary.

These pressure-reducing support surfaces do not require prior approval, but documentation of medical necessity must be completed and maintained in the provider's records according to the guidelines listed in **Subsection 7.2, Record Keeping**.

Group I **Overlays or Mattresses** are covered when the beneficiary meets one of the following criteria:

- a. The beneficiary is completely immobile, i.e. cannot make changes in body position without assistance, or
- b. The beneficiary has limited mobility, i.e. cannot independently make changes in body position significant enough to alleviate pressure, and has one of the following:
 - 1. impaired nutritional status;
 - 2. incontinent of feces or urine;
 - 3. altered sensory perception;
 - 4. compromised circulatory status; or
 - 5. inability to respond to pain.
- c. The beneficiary has any stage pressure ulcer on the trunk or pelvis and has one of the following conditions:
 - 1. impaired nutritional status;
 - 2. altered mental status;
 - 3. incontinent of feces or urine;
 - 4. altered sensory perception; or

5. compromised circulatory status.

Note: The staging of pressure ulcers used in this policy is as follows:

- | | |
|------------------|--|
| Stage I | non-blanchable erythema of intact skin |
| Stage II | partial-thickness skin loss involving epidermis, dermis, or both |
| Stage III | full-thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia |
| Stage IV | full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures |

Note: A foam overlay or mattress that does not have a waterproof cover is not considered durable and therefore non-covered.

All Group 1 Support Surfaces must be rented when the anticipated need for the item is six months or less, except for the **Replacement Pad for use with medically necessary alternating pressure pad owned by beneficiary** and the **Dry Pressure Pad for Mattress, standard mattress length and width**; which are purchase-only items. The Group I Support Surfaces may be rented or purchased when the physician, physician assistant, or nurse practitioner documents that the anticipated need exceeds six months.

5.3.3 Pressure-Reducing Support Surfaces—Group 2

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Group 2 Pressure-Reducing Support Surfaces, including a powered air flotation bed, powered pressure-reducing air mattress, or pressure reducing overlay, are covered when they are medically necessary for the beneficiary:

Prior approval is required for all Group 2 support surfaces. Initial approval is given for a maximum of six months.

For initial approval, the beneficiary shall meet one of the conditions listed below:

- a. The beneficiary has the following:
 1. multiple Stage II pressure ulcers (ulcers with partial-thickness skin loss involving epidermis and/or dermis) located on the trunk or pelvis; and
 2. the ulcers have worsened or remained the same over the past month; and
 3. the beneficiary has been on a comprehensive ulcer treatment program for at least the past month, which has included the use of an appropriate Group 1 support surface. Comprehensive ulcer treatment includes the following:
 - A. education of the beneficiary and caregiver on the prevention and management of pressure ulcers;

- B. regular assessment by a physician, physician assistant, or nurse practitioner, or other licensed healthcare practitioner (usually at least weekly for a beneficiary with a Stage III or IV ulcer);
 - C. appropriate turning and positioning;
 - D. appropriate wound care (for a Stage II, III, or IV ulcer);
 - E. appropriate management of moisture or incontinence; and
 - F. a nutritional assessment and intervention consistent with the overall plan of care.
- b. The beneficiary has large or multiple Stage III or IV pressure ulcer(s) on the trunk or pelvis; and
- Note:** The staging of pressure ulcers used in this policy is as follows:
- Stage I** non-blanchable erythema of intact skin
 - Stage II** partial-thickness skin loss involving epidermis, dermis, or both
 - Stage III** full-thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia
 - Stage IV** full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures
- c. The beneficiary has a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 calendar days) and has been on a Group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 calendar days).

Prior approval renewals are given for a maximum of three months. The documentation requirements for continued renewal of prior approval are the same as those stated above for initial approval. Continued use of a Group 2 support surface is covered until the ulcer(s) is healed. If healing does not continue, there must be additional documentation in the health record to show:

- a. Other aspects of the care plan are being revised at least every four weeks to promote healing; and
- b. Use of the Group 2 support surface is medically necessary for wound management.

All items are rented and only become the property of the beneficiary when the monthly rental payments reach the purchase price.

5.3.4 Pressure-Reducing Support Surfaces—Group 3

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

An air fluidized bed combines air fluidized therapy and low air-loss therapy on an articulating frame providing beneficiary with maximum relief from bed

pressure. An air fluidized bed is covered when it is medically necessary for the beneficiary.

Prior approval is required. For initial approval, the beneficiary shall meet all the following criteria:

- a. The beneficiary has a Stage III (full thickness tissue loss) or Stage IV (deep tissue destruction) pressure sore, or is status post-op muscle/skin flap repair of a stage III or IV pressure sore;

Note: The staging of pressure ulcers used in this policy is as follows:

Stage I non-blanchable erythema of intact skin

Stage II partial-thickness skin loss involving epidermis, dermis, or both

Stage III full-thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through, underlying fascia

Stage IV full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures

- b. The beneficiary is bedridden or chair bound as a result of severely limited mobility;
- c. The air-fluidized bed is prescribed in writing by the beneficiary's attending physician based upon a comprehensive assessment of the beneficiary after conservative treatment has been tried without success. Conservative treatment includes all the following:
 - 1. education of the beneficiary and caregiver on the prevention and management of pressure ulcers;
 - 2. assessment by a physician, physician assistant, or nurse practitioner, or other licensed healthcare practitioner done at least weekly
 - 3. turning and positioning;
 - 4. use of a Group II support surface, if appropriate;
 - 5. topical wound care;
 - 6. management of moisture or incontinence; and
 - 7. nutritional assessment and intervention consistent with the overall plan of care;
- d. The beneficiary shall have been on the conservative treatment program for at least one month prior to use of the air-fluidized bed with no improvement or worsening of the ulcer. The evaluation must be performed within a week of initiating treatment with the air-fluidized bed;
- e. A trained adult caregiver is available to assist the beneficiary with activities of daily living, fluid balance, dry skin care, repositioning, recognition, management of altered mental status, dietary needs, prescribed treatments, and management and support of the air-fluidized bed system;
- f. A physician, physician assistant, or nurse practitioner directs the treatment regimen, and re-evaluates and recertifies the need for the air-fluidized bed on a monthly basis; and
- g. All other alternative equipment has been considered and ruled out.

An air-fluidized bed is denied as not medically necessary under any of the following circumstances.

- a. The beneficiary has coexisting pulmonary disease (the lack of firm back support makes coughing ineffective and dry air inhalation thickens secretions).
- b. The beneficiary requires treatment with wet soaks or moist wound dressings that are not protected with an impervious covering such as plastic wrap or other occlusive material.
- c. The caregiver is unwilling or unable to provide the type of care required by the beneficiary on an air-fluidized bed.
- d. Structural support is inadequate to support the weight of the air-fluidized bed system (it weighs around 1,600 pounds).
- e. The environment's electrical system is insufficient for the anticipated increase in energy consumption.
- f. There are other known contraindications to the use of this bed.

Note: Initial prior approval for an air-fluidized bed is given for a maximum of one month. Renewals are given for a maximum of one month. The documentation requirements are the same for requests to renew approval. An air fluidized bed is typically needed only 6-12 weeks post-operatively.

Continued use of an air-fluidized bed is covered until the ulcer is healed. If healing does not continue, there must be additional documentation in the clinical health care record to show:

- a. Other aspects of the care plan are being modified to promote healing; and
- b. The use of the air-fluidized bed is medically necessary for wound management.

5.3.5 Manual Wheelchairs

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

The following wheelchairs are covered, when they are medically necessary for the beneficiary. Prior approval is required for all wheelchairs.

Manual Wheelchairs

A **Manual Wheelchair** is covered when all the following **basic criteria** are met:

- a. The beneficiary has a mobility limitation that significantly impairs the beneficiary's ability to participate in one or more mobility-related activities of daily living (MRADLs);

Note: For this policy MRADLs are defined as toileting, feeding, dressing, grooming, and bathing. To be considered significantly impaired means the mobility limitation prevents performance of the activity entirely, prevents the activity from being completed in a reasonable time frame, or places the beneficiary at high risk for injury when performing

the activity, or at a heightened risk of morbidity secondary to attempts to perform the MRADL.

- b. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker;
- c. The beneficiary's environment is accessible for a wheelchair and provides adequate access between rooms, maneuvering space, and surfaces for use of the manual wheelchair that is provided;
- d. Use of a manual wheelchair is reasonably expected to significantly improve the beneficiary's ability to participate in MRADLs; and
- e. The beneficiary has sufficient upper extremity function and the physical and mental capabilities needed to safely self-propel the manual wheelchair throughout the course of a normal day **or** has a caregiver who is available, willing, and able to provide assistance with the wheelchair.

Note: Payment is made for only one wheelchair at a time. Backup wheelchairs are not covered as they are not medically necessary.

A **Standard Hemi (low seat) Wheelchair** is covered when all the basic criteria are met plus the following:

- a. The beneficiary requires a lower seat height (17 to 18 inches) because of short stature or to enables the beneficiary to place his or her feet on the ground for propulsion.

A **Lightweight Wheelchair** is covered when all the basic manual wheelchair coverage criteria are met plus the following:

- a. The beneficiary cannot self-propel in a standard wheelchair using his or her arms or legs;
- b. The beneficiary can and does self-propel safely and functionally in a lightweight wheelchair;
- c. The provider shall submit supporting documentation with the request that demonstrates the beneficiary has limitations in upper extremity strength or function that prevents propulsion of a standard wheelchair; and
- d. The beneficiary can safely propel the lightweight wheelchair.

A **High-Strength Lightweight Wheelchair** is covered when all the basic manual wheelchair coverage criteria are met plus the following:

- 1. The beneficiary cannot safely and functionally self-propel in a standard or lightweight wheelchair using his or her arms or legs while engaging in frequent activities,
- 2. The beneficiary spends a minimum of six hours each day in the wheelchair,
- 3. The beneficiary can safely and functionally self-propel in a high-strength lightweight wheelchair; and
- 4. The provider shall submit supporting documentation with the request that states the beneficiary has limitations in upper extremity strength or function that prevents propulsion of a standard wheelchair.

An **Ultra Lightweight Wheelchair** is covered when all the basic manual wheelchair coverage criteria are met plus the following:

- a. The routine activities the beneficiary engages in cannot be performed in a lightweight wheelchair;
- b. The features of the ultra-lightweight wheelchair are required for the beneficiary to be functional;
- c. The beneficiary spends a minimum of six hours each day in the wheelchair; and
- d. The beneficiary can safely propel the ultra-lightweight wheelchair.

The following documentation must be submitted for prior approval:

- a. A clinical wheelchair evaluation must be performed by a physical or occupational therapist with specific training and experience in rehabilitation wheelchair evaluations, and describe the beneficiary's medical condition, mobility limitations, and other physical and functional limitations. The physical or occupational therapist performing the evaluation shall not have a financial relationship with the wheelchair supplier.
- b. A Manufacturer's Suggested Retail Price (MSRP) quote for the requested wheelchair and accessories from the manufacturer.

A **Heavy-duty wheelchair** is covered when all the basic manual wheelchair coverage criteria are met plus either of the following:

- a. The beneficiary weighs more than 250 pounds; or
- b. The beneficiary has severe spasticity.

An **Extra Heavy-duty wheelchair** is covered when all the basic manual wheelchair coverage criteria are met and the beneficiary weighs more than 300 pounds.

A **Manual Adult Size Wheelchair, which includes tilt in space**, is covered when all the basic manual wheelchair coverage criteria are met plus coverage criteria for the tilt in space option.

The following is required for prior approval:

- a. A clinical wheelchair evaluation must be performed by a physical or occupational therapist with specific training and experience in rehabilitation wheelchair evaluations, and describe the beneficiary's medical condition, mobility limitations, and other physical and functional limitations. The physical or occupational therapist performing the evaluation shall not have a financial relationship with the wheelchair supplier;
- b. A letter of medical necessity from the physical or occupational therapist that documents the medical need for the manual adult size wheelchair and all additional accessories requested; and
- c. A MSRP quote for the requested wheelchair and accessories from the manufacturer.

For prior approval of the **tilt in space** feature, the following criteria must be met:

- a. The beneficiary requires the tilt in space feature for proper positioning during daily activities, such as eating;
- b. The beneficiary has significant trunk or hip musculoskeletal deformity or abnormal tone in the trunk musculature and must be tilted to maintain postural control or spinal alignment;
- c. The beneficiary is unable to actively change his or her upright seating position and is at risk for loss of skin integrity;
- d. The beneficiary has a respiratory, digestive or cardiac dysfunction that is functionally improved with the tilt/recline feature; and
- e. The beneficiary must spend a minimum of six hours per day in the wheelchair to qualify for the tilt in space feature.

Rental Wheelchairs

Prior approval for rental of a manual wheelchair may be granted for a maximum of nine (9) months when the beneficiary meets all the basic manual wheelchair coverage criteria.

Transport Chairs/Roll-about Chairs

Adult and pediatric transport chairs, and a roll-about chair are covered Medicaid and NCHC when they are medically necessary for the beneficiary. Prior approval is required for transport chairs roll-about chair does not require prior approval.

Pediatric Manual Wheelchairs

Pediatric Manual Wheelchairs and accessories are covered when they are medically necessary for the beneficiary. Prior approval is required for all pediatric wheelchairs.

Note: Pediatric wheelchairs are covered only for a child or an adult of very small stature. The wheelchair width or depth must be 14 inches or less to be coded as pediatric.

The following is required for prior approval:

- a. A clinical wheelchair evaluation must be performed by a physical or occupational therapist with specific training and experience in rehabilitation wheelchair evaluations, and describe the beneficiary's medical condition, mobility limitations, and other physical and functional limitations. The physical or occupational therapist performing the evaluation shall not have a financial relationship with the wheelchair supplier;
- b. A letter of medical necessity from the physical or occupational therapist that documents:
 1. The medical need for mobility.
 2. And the medical need for the pediatric manual wheelchair selected and all the additional accessories requested.
 3. This letter must also document the environment's accessibility; and
 4. A MSRP quote for the requested wheelchair and accessories from the manufacturer.

Oversized Manual Wheelchairs

Oversized Manual Wheelchairs for weights greater than 451 pounds are covered when they are medically necessary for the beneficiary. Prior approval is required.

For prior approval, all the basic manual wheelchair coverage criteria must be met plus the following:

- a. The beneficiary shall meet the weight requirements for the specific wheelchair requested. The beneficiary's height, weight, and body measurements must be included with the request for prior approval; and
- b. The dimensions of the requested equipment and the manufacturer's specified weight capacity for the equipment must be submitted.

5.3.6 Power Wheelchairs

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

All power wheelchairs require prior approval. The following information must be submitted with the prior approval request:

- a. A face-to-face examination which consists of an in-person visit to the beneficiary's treating physician for the purpose of requesting a power wheelchair and a comprehensive medical examination. The face-to-face examination must be documented in a detailed narrative note in the physician's chart in the same format used for other entries. The physician's note must clearly indicate the major reason for the visit was a mobility examination. The physician's note must document the beneficiary's strength, mobility and functional deficits, and support the need for a power wheelchair to perform MRADLs.

The face-to-face evaluation must be completed prior to the physician's order for the power chair and must support the medical necessity for the power wheelchair. This evaluation must provide subjective and objective information about the beneficiary's condition and progression of the beneficiary's disease over time. It must clearly indicate the beneficiary's ambulatory status, explain why a power wheelchair is needed as compared to a cane, walker, or manual wheelchair and address the medical justification for each accessory billed. Other clinical health care records (physician office records, hospital records, home health agency records, or physical and occupation therapy notes) can be submitted to supplement the information in the face-to-face evaluation.

- b. An onsite written assessment of the beneficiary's environment that verifies and documents the beneficiary's environment supports the use of a power wheelchair. The assessment can be performed by the wheelchair supplier and must include measurements of the physical layout of the environment, doorway widths, doorway thresholds, and surfaces the chair moves over.
- c. A MSRP quote for the requested wheelchair and accessories from the manufacturer that gives a detailed description of the items requested.

Note: A wheelchair supplier generated form must not be used to document the physician's examination since a supplier generated form is not considered to be part of the clinical health care record.

Payment is made for only one wheelchair at a time. A backup wheelchair is not covered as it is not medically necessary.

A power wheelchair is not medically necessary when the underlying condition is reversible and the length of need is less than three months.

Standard Power Wheelchairs

Standard Power Wheelchairs, including Group 1 chairs and some Group 2 chairs without power options, are covered when they are medically necessary for the beneficiary.

All the following coverage criteria must be met:

- a. The beneficiary has a mobility limitation that significantly impairs his or her ability to participate in one or more MRADLs;

Note: For this policy MRADL's are defined as toileting, feeding, dressing, grooming, and bathing. To be considered **significantly impaired** means the mobility limitation prevents performance of the activity entirely, prevents the activity from being completed in a reasonable time frame, or places the beneficiary at high risk for injury when performing the activity, or at a heightened risk of morbidity secondary to attempts to perform the MRADL.

- b. The beneficiary's mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker;
- c. The beneficiary does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair to perform MRADL's throughout the course of a normal day. Limitations of strength, endurance, range of motion, coordination, presence of pain, deformities, or the absence of one or both upper extremities must be noted in the assessment of upper extremity function;
- d. The beneficiary has the mental and physical capabilities to safely operate the power wheelchair and to assure it is cared for;
- e. Use of the power wheelchair is reasonably expected to significantly improve the beneficiary's ability to participate in MRADL's; and
- f. The beneficiary's environment is accessible to the wheelchair and provides adequate access between rooms, maneuvering space, and surfaces for use of the power wheelchair that is provided.

Complex Rehab Power Wheelchairs

Complex rehab power wheelchairs, including power chairs with single or multiple power options, require prior approval. In addition to the face-to-face assessment with the physician, the onsite written assessment of the beneficiary's environment, and the manufacturer's quote required for all power wheelchairs, the following are required:

- a. A clinical wheelchair evaluation must be performed by a physical or occupational therapist with specific training and experience in rehabilitation wheelchair evaluations, and describe the beneficiary's medical condition, mobility limitations, and other physical and functional limitations. The physical or occupational therapist performing the evaluation shall not have a financial relationship with the wheelchair supplier; and
- b. A letter of medical necessity from the physical or occupational therapist that documents the medical need for the complex rehab power wheelchair and all additional accessories requested.

Complex rehab power wheelchairs are covered if all the criteria for a Standard Power Wheelchair are met plus the following:

- a. The beneficiary requires a drive control interface other than a hand or chin-operated standard proportional joystick;
- b. The beneficiary meets coverage criteria for a power tilt or a power recline seating system and the system is being used on the wheelchair. (Refer to *Wheelchair Accessories, Power Seating Systems*, for prior approval requirements for power tilt and recline);
- c. The wheelchair clinic evaluation must document the medical necessity for the wheelchair and its special features;
- d. A Group 3 power wheelchair is covered when the beneficiary's mobility limitation is due to a neurological condition, myopathy, or congenital skeletal deformity; and
- e. Group 4 power wheelchairs have added capabilities that are not usually needed for use in the home.

Heavy Duty Power Wheelchairs

Heavy duty power wheelchairs for beneficiaries who weigh more than 300 pounds are covered when they are medically necessary for the beneficiary. Prior approval is required.

For prior approval of heavy duty wheelchair all the following must be submitted:

- a. Documentation shall substantiate the following two requirements:
 - 1. Beneficiary shall meet the weight requirements for the heavy duty power wheelchair requested; and
 - 2. Medical necessity for a comparable standard size wheelchair.
- b. The beneficiary's height, weight, and body measurements must be included.
- c. The dimensions of the requested equipment and the manufacturer's specified weight capacity for the equipment must be submitted.

5.3.7 Wheelchair Accessories

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Wheelchair Accessories are covered when they are medically necessary. The medical need must be documented and maintained in the provider's records, regardless of the need for prior approval.

Batteries

Batteries are covered when they are necessary to operate the power wheelchair that has been approved for the beneficiary. Prior approval is required only for Group 27 batteries.

Prior approval is required for Battery Chargers. Battery Chargers are covered when the criteria for a power wheelchair are met. An initial charger must be included in the allowance for a power wheelchair. The charger must be billed separately only when it is a replacement.

Armrests

Adjustable Height Armrests are covered when the beneficiary requires an arm height that is different from those available using non-adjustable armrests, and the beneficiary spends more than four hours per day in the wheelchair. Prior approval is required for adjustable height armrests.

Arm troughs are covered when the beneficiary requires additional support for the upper extremity not provided by the wheelchair armrest. Prior approval is not required.

Cushions

General use wheelchair cushions are covered when the beneficiary has a diagnosis that causes deformities of the musculoskeletal system, has contractures such that the normal body alignment is significantly altered, and spends more than two hours per day in the wheelchair. Prior approval is not required.

Positioning wheelchair cushions are covered when the beneficiary has the potential for development of a musculoskeletal deformity of the trunk, or has already begun to develop such a deformity, and it can be ameliorated or retarded by the addition of a positioning cushion.

Skin protection and positioning wheelchair cushions may be covered if the beneficiary has a diagnosis or condition that causes skin breakdown due to immobility in a wheelchair for long periods of time. The beneficiary shall be wheelchair bound.

Prior approval is required for some wheelchair cushions. Refer to the *Durable Medical Equipment and Supplies* fee schedule at: <http://dma.ncdhhs.gov/> to determine if prior approval is required. Items on the fee schedule requiring prior approval are identified by an asterisk.

Headrest

Head and neck supports require prior approval. The beneficiary shall have all the following for prior approval:

- a. Weakness or abnormal muscle tone in cervical musculature such that function in those muscles is significantly impaired and the headrest is needed to support the head; and
- b. The beneficiary is not able to actively maintain proper cervical positioning.

A head and neck support is approved when the beneficiary has a reclining back on the approved wheelchair.

Reclining Back

A reclining back is covered when the beneficiary has any of the following:

- a. Severe trunk or hip bony deformity;
- b. Trunk or lower extremity casting or bracing that requires reclined positioning;
- c. Severe extensor tone of the trunk muscles;
- d. The need to rest in a recumbent position two or more times during the day and transfers between the wheelchair and bed are very difficult;
- e. Cannot tolerate upright positioning due to blood pressure instability; or
- f. Spends more than four hours per day in the wheelchair.

Prior approval is required.

Leg rest

Elevating leg rests are covered when the beneficiary has any of the following:

- a. A musculoskeletal condition which prevents 90 degree flexion at the knee;
- b. The presence of a cast or brace which prevents 90 degree flexion at the knee;
- c. Circulation issues that require lower extremity elevation; or
- d. Meets the criteria for and has a reclining back on the wheelchair.

A residual limb support is covered when the beneficiary has had an amputation and the residual limb cannot be supported on a standard leg rest.

Foot Rest/Shoe Holder

Footrests, footplates, shoe holders, and straps are covered when the beneficiary requires lower extremity support due to muscular weakness, neuromuscular dysfunction or orthopedic deformity.

Prior approval is required for some of these items. Refer to the *Durable Medical Equipment and Supply* fee schedule at <http://dma.ncdhhs.gov/> to determine when prior approval is required. Items on the fee schedule requiring prior approval are identified by an asterisk.

Seat/Back

A non-standard seat height for a high-strength lightweight or ultra-lightweight wheelchair is covered when:

- a. The required seat height is at least two inches greater than or less than a standard option; and

- b. The beneficiary's body dimensions justify the need.

Non-standard seat frames are covered when all the following criteria are met:

- a. The beneficiary's dimensions justify the need for wheelchair seat width, depth, or height changes; and
- b. The seat width, depth, or height changes are needed to maintain or improve the beneficiary's medical, physical, or functional level.

A solid seat insert is covered when it is needed to provide a flat surface in a wheelchair with a sling seat so the beneficiary will be properly positioned.

A solid seat support base is covered when it replaces a sling seat and is needed to properly position the beneficiary in the wheelchair. A solid seat support base requires prior approval.

A planar or contoured back is covered when the beneficiary meets all the following criteria:

- a. Has a diagnosis that may result in deformities of the musculoskeletal system such that the normal body alignment could be significantly altered; and
- b. Spends more than two hours per day in the wheelchair.

A Growth Kit is covered when the addition of this feature significantly increases the lifetime of the beneficiary's currently appropriate wheelchair.

These items all require prior approval.

Replacement upholstery is covered when the upholstery is damaged or worn beyond repair and replacing the upholstery will increase the lifetime of the wheelchair. Prior approval is not required for replacement upholstery.

Trunk/Extremity Alignment Support

Trunk/Extremity Alignment Supports, including lateral truck or hip supports, abductor or adductor pads, harnesses, straps, or positioning belts, are covered when:

- a. The beneficiary has weakness or abnormal muscle tone in the trunk, body, or extremity musculature resulting in significantly impaired function in those muscles; or
- b. The beneficiary is unable to actively maintain proper trunk or extremity positioning.

All these items require prior approval except for the positioning belts and safety vest.

Oversized Accessories

All oversized accessories require prior approval. For prior approval, all the following information must be included with the request:

- a. Beneficiary's height, weight, and body measurements; and
- b. The dimension of the requested equipment and the manufacturer's specified weight capacity for the equipment.

Power Seating Systems

Power seating systems, including tilt, recline, and combination tilt and recline, require prior approval and are covered when the beneficiary meets all the following:

- a. The beneficiary requires the tilt in space feature for proper positioning during daily activities, such as eating;
- b. The beneficiary has significant trunk or hip musculoskeletal deformity or abnormal tone in the trunk musculature and must be tilted to maintain postural control or spinal alignment;
- c. The beneficiary is unable to actively change his or her upright seating position and is at risk for loss of skin integrity;
- d. The beneficiary has respiratory, digestive or cardiac dysfunction that is functionally improved with the tilt/recline feature;
- e. The beneficiary shall spend a minimum of six hours per day in the wheelchair; and
- f. The beneficiary does not have a caregiver available to perform this function manually.

Power seat elevation is covered for beneficiary's ages 0 through 20 years only, when the beneficiary is not able to transfer from the wheelchair to bed or toilet without height adjustment or requires seat elevation to perform MRADL's. Prior approval is required.

Electronics

Electronic components for power wheelchairs are covered when they are medically necessary for the beneficiary to function in the power wheelchair that has been provided.

Replacement electronics require prior approval and are covered when:

- a. the part replaced cannot be repaired
- b. the warranty has expired
- c. replacing the part significantly extends the life of the wheelchair, and
- d. the cost of replacing the part is less than the cost of a new comparable wheelchair.

Prior approval is required for most electronics. Refer to the *Durable Medical Equipment and Supply* fee schedule at <http://dma.ncdhhs.gov/> to determine when prior approval is required. Items on the fee schedule requiring prior approval are identified by an asterisk.

Wheels, Tires, Casters

Propulsion tires, drive wheel tires, caster tires, tubes, valves, inserts, wheel locks, and replacement parts are covered when they are medically necessary for the beneficiary to function in the power wheelchair that has been provided.

These items do not require prior approval. Wheelchair replacement parts are covered when the part being replaced is no longer functional due to normal wear and tear and the approved wheelchair remains appropriate for the beneficiary's function.

Other Accessories

Swing away retractable or removable hardware is covered when specialized mounting hardware is needed to improve the beneficiary's positioning or ability to use a joystick. Prior approval is not required.

A ventilator tray is covered when the beneficiary is dependent on mechanical ventilator support. Prior approval is not required.

Wheelchair trays are covered when the beneficiary's performance of daily function such as eating or fine motor activities requires this feature. A multi-adjustable tray requires prior approval.

Hand rims are covered when the beneficiary is unable to propel independently and functionally without special hand rims and is able to propel with special hand rims. Prior approval is not required.

Anti-rollback devices, gear reduction drive wheels, wheel braking systems and other accessories are covered when they allow the beneficiary to be mobile safely and independently in an approved wheelchair. A gear reduction drive wheel, wheel braking system, and lock require prior approval.

Motor and gear box replacements require prior approval and are covered when

- a. the part replaced cannot be repaired;
- b. the warranty has expired;
- c. replacing the part significantly extends the life of the wheelchair; and
- d. the cost of replacing the part is less than the cost of a new comparable wheelchair.

5.3.8 Activity/Positioning Chairs

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Activity/Positioning Chairs are designed to provide stability and support, maintain body alignment, decrease likelihood of postural deformities, and enhance upper extremity function for beneficiaries with physical disabilities. Activity/Positioning Chairs, Hi Lo Activity/Positioning Chairs, chair accessories, and Hi Lo Indoor Bases/Frames are covered for beneficiary's ages 0 through 20. Prior approval is required.

Activity Chair

Activity Chairs and accessories are covered for a beneficiary who has mild to moderate physical disabilities and needs positioning support to sit and perform activities.

An Activity Chair is considered medically necessary when a beneficiary meets any one of the following criteria:

- a. Cannot safely sit in a regular chair, commercially available high chair, or other conventional seating option;
- b. Needs additional support and stability for fine motor activities;
- c. Has decreased trunk strength and motor control;
- d. Must use arms to maintain sitting balance;
- e. Requires external support to maintain upright position and good body alignment;
- f. Has no functional protective or righting reaction; or
- g. Must be in an upright supported position for safe and effective feeding and without this chair would have to be held by the caregiver for feeding.

All accessories must be medically justified.

- a. A tilt/recline option is covered when the beneficiary:
 - 1. cannot maintain head control in the upright position
 - 2. requires pressure relief
 - 3. requires a tilted position to compensate for tonal changes, or
 - 4. must be tilted for proper digestion and to avoid reflux.
- b. A mobile base is covered when it is medically necessary to move the beneficiary to different parts of the environment with the rest of the family for safety or for medically necessary activities.
- c. A Hi Lo feature is covered when height adjustments are needed for medically necessary activities or to allow the beneficiary to get into or out of the chair independently.

Hi Lo Positioning Activity Chair

Hi Lo Positioning Chairs and accessories are covered for a beneficiary who has more severe physical disabilities and needs optimum positioning support.

A Hi Lo Positioning Chair is considered medically necessary when a beneficiary meets any one of the following criteria:

- a. Has non-functional head or trunk control requiring customized postural support to maintain a sitting position;
- b. Cannot sit unsupported due to poor static and dynamic sitting balance;
- c. Requires maximum support for upright positioning;
- d. Cannot interact with the environment without this level of support; or
- e. Requires varying sitting heights to participate in medically necessary activities.

Hi Lo Indoor Base/Frame

A Hi Lo Indoor Base is covered for beneficiary who has a wheelchair seating system that can be transferred from a mobility base to an indoor base and is used as an activity/positioning chair. A Hi Lo Indoor Base is considered medically necessary when a beneficiary meets any one of the following criteria:

- a. A variety of heights are needed for the beneficiary to perform medically necessary activities; or
- b. At the low height, the beneficiary is able to get into and out of the chair independently.

A letter of medical necessity from a physical or occupational therapist involved in the care of the beneficiary is required for prior approval of all **Activity/Positioning Chairs and Frames**. The physical or occupational therapist completing the evaluation shall not be employed by or have a financial relationship with the medical equipment provider.

For prior approval, the medical equipment provider shall submit a completed CMN/PA form and supporting documentation from the physical or occupational therapist that:

- a. Demonstrates that the activity/positioning chair requested, and each of its components, are medically necessary and are the least expensive device that is appropriate for the beneficiary's medical condition.; and
- b. Describes other less expensive devices that were considered and provides rationale as to why they were not appropriate for the beneficiary.

5.3.9 Patient Lift, Hydraulic or Mechanical

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Hydraulic lifts are covered when the following criteria are met:

- a. The beneficiary's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in the beneficiary's condition; and
- b. The beneficiary or family is not able to transfer the beneficiary safely.

Prior approval is required for a hydraulic or mechanical lift.

Note: Powered lifts are not covered as they are considered to be for caregiver convenience and not medically necessary.

5.3.10 Segmental and Non-Segmental Pneumatic Compressors and Appliances

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

A pneumatic compression device is covered only for the treatment of refractory lymphedema involving one or more limbs. This condition is a relatively uncommon medical problem. Causes of lymphedema include:

- a. Radical surgical procedures with removal of regional groups of lymph nodes (e.g., after radical mastectomy);
- b. Post-radiation fibrosis;

- c. Spread of malignant tumors to regional lymph nodes with lymphatic obstruction;
- d. Scarring of lymphatic channel;
- e. Onset of puberty (specifically Milroy's Disease); and
- f. Congenital anomalies.

Pneumatic compression devices are only covered as a treatment of last resort. Other less intensive treatment must have been tried first and found to be inadequate. Such treatments would include leg or arm elevation and custom-fabricated pressure stockings or sleeves.

Pneumatic compression devices are covered only when prescribed by a physician and when they are used with appropriate physician oversight. This oversight must include physician evaluation of the beneficiary's condition to determine medical necessity of the device, suitable instruction in the operation of the machine, a treatment plan defining the pressure to be used and the frequency and duration of use, and ongoing monitoring of use and response to treatment.

Block 24 of the CMN/PA form must be checked.

When the cause of the lymphedema is scarring of the lymphatic channels (generalized, refractory edema from venous insufficiency which is complicated by recurrent cellulitis), a pneumatic compression device may be covered only if all the following criteria have been met:

- e. There is significant ulceration of the lower extremity(ies);
- f. The beneficiary has received repeated, standard treatment from a physician using such methods as a compression bandage system or its equivalent; and
- g. The ulcer(s) have failed to heal after six months of continuous treatment.

All pneumatic compressors and appliances require prior approval.

5.3.11 Transcutaneous Electrical Nerve Stimulation Devices

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

For initial and renewal approval attach documentation that the main application is to control or suppress chronic painful states that are not amenable to control through elimination of the cause. The following information is also required:

- a. The specific diagnosis related to the need for the unit;
- b. Date of onset and duration of pain;
- c. Specific area(s) of pain;
- d. Prognosis; and
- e. The physician, physician assistant, or nurse practitioner's statement that other appropriate treatments to ameliorate the pain have been tried without success. The specific treatments, including pain medications, must be included in the statement.

- f. A statement from the physician, physician assistant, or nurse practitioner that the beneficiary has improved tolerance for activities of daily living with use of the TENS unit.
- g. A pain scale and body map that shows the severity of the pain and the specific locations of the pain.

Prior approval is required for a TENS unit.

Note: The TENS must be rented for 30 to 60 calendar days prior to requesting purchase.

5.3.12 Osteogenesis Stimulators

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

An electrical non-invasive osteogenesis stimulator for non-spinal applications is covered for the following conditions:

- a. Non-union of a long bone (clavicle, humerus, radius, ulna, femur, tibia, fibula, metacarpal, or metatarsal) fracture defined as radiographic evidence that fracture healing has ceased for three or more months prior to starting treatment with the osteogenesis stimulator;
- b. Failed fusion of a joint other than in the spine where a minimum of nine months has elapsed since the last surgery; and
- c. Congenital pseudoarthrosis

Non-union of a long bone fracture must be documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenesis stimulator, separated by a minimum of 90 calendar days, each including multiple views of the fracture site, and with a written interpretation by a physician, physician assistant, or nurse practitioner stating that there has been no evidence of fracture healing between the two sets of radiographs. An osteogenesis stimulator for a non-healed long bone fracture of less than six (6) months duration or a lack of fusion of less than 12 months duration is not medically necessary and claims will be denied.

A non-invasive electrical osteogenesis stimulator for spinal applications is covered when medical necessity is documented and the beneficiary has one of the following:

- a. a failed spinal fusion where a minimum of nine months has elapsed since the last surgery;
- b. a multilevel spinal fusion surgery. A multilevel spinal fusion is one that involves three or more vertebrae (e.g., L3-L5, L4-S1, etc.); or
- c. following spinal fusion surgery where there is a history of a previously failed spinal fusion at the same site.

A non-invasive, low-intensity ultrasonic osteogenesis stimulator is covered if all the following criteria are met:

- a. Non-union of a fracture documented by a minimum of two sets of radiographs obtained prior to starting treatment with the osteogenesis stimulator, separated by a minimum of 90 calendar days, each including multiple views of the fracture site, and with a written interpretation by a physician stating that there has been no clinically significant evidence of fracture healing between the two sets of radiographs;
- b. Fracture is not of the skull or vertebrae; and
- c. Fracture is not tumor related.

All osteogenesis stimulators require prior approval.

Note: For specific diagnosis requirements related to the coverage of osteogenesis stimulators refer to **Attachment A: B, Diagnosis Codes**.

5.3.13 Continuous Passive Motion Exercise Device for Use on Knee Only

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

A continuous passive motion exercise device is covered for beneficiaries who have received a total knee replacement.

To qualify for coverage, use of the device must commence within two days following surgery. In addition, coverage is limited to the three-week period following surgery. There is insufficient evidence to justify coverage of these devices for longer periods of time or for other applications.

Block 24 on the CMN/PA form must be checked, indicating that the beneficiary's status will be monitored by the physician while this equipment is provided.

5.3.14 Canes, Crutches, Walkers, Gait Trainers, and Accessories

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Canes and crutches are covered when **all** the following criteria are met:

- a. The beneficiary has a mobility limitation that significantly impairs his or her ability to participate in one or more mobility-related activities of daily living (MRADLs);

The MRADLs to be considered in this and all other statements in this policy are toileting, feeding, dressing, grooming, and bathing.

A mobility limitation is one that:

1. prevents the beneficiary from accomplishing the MRADL entirely;

2. places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 3. prevents the beneficiary from completing the MRADL within a reasonable time frame.
- b. The beneficiary is able to safely use the cane or crutch; and
 - c. The functional mobility deficit can be sufficiently resolved by use of a cane or crutch.

If all the criteria are not met, the cane or crutch will be denied as not medically necessary.

A crutch substitute, lower leg platform, requires prior approval and is covered if the beneficiary meets the above criteria and is not able to safely use crutches or a walker.

Heavy Duty Canes and Crutches

Heavy duty canes and crutches are covered for beneficiaries who weigh more than 250 pounds. Prior approval is required. The beneficiary's height, weight, and body measurements must be included on the CMN/PA form as well as the dimensions of the requested equipment and the manufacturer's specified weight capacity for the equipment.

Walkers

A standard walker and related accessories are covered if **all** the following criteria are met:

- a. The beneficiary has a mobility limitation that significantly impairs his or her ability to participate in one or more MRADLs. A mobility limitation is one that:
 1. Prevents the beneficiary from accomplishing the MRADL entirely, or
 2. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform the MRADL; or
 3. Prevents the beneficiary from completing the MRADL within a reasonable time frame.
- b. The beneficiary is able to safely use the walker.
- c. The functional mobility deficit can be sufficiently resolved with use of a walker.

Prior approval is not required for walkers. All the criteria must be met for the walker to be considered medically necessary.

Glides/skis for use with a walker require prior approval and are covered when the beneficiary requires them to mobilize an approved walker.

To substantiate medical necessity for heavy duty walkers, the beneficiary's height, weight, and body measurements must be included on the CMN/PA form as well as the manufacturer's specified weight capacity for the equipment.

Gait Trainers

A gait trainer is a device similar to a walker and consists of a wide-based steel frame with four casters or wheels. It provides considerable postural support for beneficiaries who have severe motor and balance dysfunction and who require moderate to maximum support for ambulation. Additional components, called positioners or stabilizers, are added to offer additional support and control.

A gait trainer with accessories requires prior approval and may be covered for **beneficiaries aged 0 through 20**, if an evaluation by a physical or occupational therapist documents that the following criteria are met:

- a. The beneficiary needs moderate to maximal support for walking due to impaired balance reactions or pelvic or trunk instability, or has a Gross Motor Function Classification System (GMFCS) score of 3 or greater.
- b. The beneficiary is able to initiate movement without caregiver assistance, and there is a purposeful need for the movement.

The physical or occupational therapist shall document medical necessity for all components included with the gait trainer. The physical or occupational therapist completing the evaluation cannot be employed by the medical equipment provider.

5.3.15 Miscellaneous Durable Medical Equipment and Supplies

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Cervical traction equipment is covered if it is ordered by a physician for treatment of a specified orthopedic diagnosis.

Transfer boards or other transfer devices are covered when a beneficiary requires the device in order to complete transition from one position to another, e.g., from bed to wheelchair or wheelchair to bathtub seat.

A paraffin bath is covered when a beneficiary has a documented diagnosis for which paraffin treatment is deemed beneficial by the beneficiary's physician.

An over tub portable whirlpool bath unit is covered when a beneficiary has a documented diagnosis for which whirlpool treatment is deemed beneficial by the beneficiary's physician.

For prior approval requirements refer to the *Durable Medical Equipment and Supply* fee schedule on DMA's website: <http://dma.ncdhhs.gov/>. Items that

require prior approval are identified on the *Durable Medical Equipment Fee Schedule* by an asterisk (*).

5.3.16 **Augmentative and Alternative Communication Devices**

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Augmentative and alternative communication (AAC) devices help beneficiaries with severe communication impairments to meet their functional communication needs. AAC devices, software, and related accessories are covered when **all** the following conditions are met:

- a. the device is determined to be medically necessary;
- b. the device is a dedicated communication device;
- c. it is used solely by the beneficiary; and
- d. the beneficiary has a long-term severe communication impairment.

Note: A dedicated device is defined as a device used only for communication purposes.

The ACC device may be one of the following:

- a. A manual device that uses orthographic or picture symbols;
- b. A device that produces digitized speech output, using pre-recorded messages (these are typically classified by how much recording time they offer); or
- c. A device that produces synthesized speech output, with messages formulated either by direct selection techniques or by any of multiple methods.

Note: A laptop computer, desktop computer, personal digital assistant, or other device that has not been modified to run AAC software and is not a device used only for communication purposes (that is, a dedicated device) is not covered. Laptop computers, personal computers, and personal digital assistants used for purposes other than communication are not primarily medical in nature and do not meet the definition of medical equipment.

AAC software is covered when a beneficiary has a laptop computer, desktop computer, or personal digital device in which software can be added to adapt the device for communication purposes.

Prior Approval and Medical Necessity

Speech-generating devices that produce synthesized speech, software, accessories, and AAC repairs require prior approval. To document medical necessity for prior approval, submit the CMN/PA form with the following documentation:

- a. A physician's report with a description of the beneficiary's current medical status and history

- b. A physician's order for the AAC device, including an itemization of the components (switches, special mounting devices, etc.) required by the beneficiary
- c. An AAC device evaluation performed by a licensed speech-language pathologist who fulfills either requirements 1 and 3, or requirements 2 and 3, below:
 - 1. Has a valid license issued by the North Carolina Speech and Language Pathologists and Audiologists Board of Examiners, *and* has a Certificate of Clinical Competence (CCC) from the American Speech-Language-Hearing Association (ASHA);
 - 2. Has either completed the equivalent educational requirements and work experience necessary for the CCC, *or* has completed the academic program and is acquiring supervised work experience to qualify for the CCC;
 - 3. Has the education and experience in augmentative communication necessary to assess an individual and prescribe an AAC aid, system, or device that will maximize that individual's effective and functional communication.

(These education and experience requirements are listed in *Augmentative and Alternative Communication: Knowledge and Skills for Service Delivery*, ASHA Supplement 22 (2002), 97-106.)

Note: The AAC device evaluation must include **all** the following information:

- a. The language skills, oral and motor speech status, and type and severity of current communication impairment(s) that affect the beneficiary's abilities to communicate with and without the AAC device;
- b. A detailed description of the therapeutic history in the areas of speech-language pathology, occupational therapy, and physical therapy, including the nature, frequency, and duration of treatment and the specific speech-language therapy approaches that have been tried in relation to the need for and use of an AAC device;
- c. A detailed description of related impairments, including audiovisual, perceptual, cognitive level, and memory deficits, that would limit the beneficiary's ability to use a device, or that would require the use of a particular AAC device;
- d. A detailed description of each communication device or method of communication tried by the beneficiary in the past and information on the effectiveness of each;
- e. Specific information about the requested device, including the manufacturer's name, catalog number, product description, and list of accessories requested; justification for and use to be made of the device and accessories; and documentation of the manufacturer's price quote;
- f. An explanation of the medical necessity of the AAC device, including how the device will be used and a statement that the device will be required for 12 months or longer;
- g. Demonstration that the beneficiary possesses a treatment plan that includes a training schedule for the selected device (technical assistance from the AAC vendor must include training on the use of the AAC device); and

- h. A statement that the speech-language pathologist performing the AAC device evaluation is neither an employee of nor has a financial relationship with the vendor of the AAC device.

Note: Medical necessity must be supported even if prior approval is not required. Therefore, the above-listed requirements also apply to devices that do not require prior approval. In this instance, the information necessary to establish medical necessity must be kept in the beneficiary's confidential file by the speech-language pathologist responsible for ordering the device.

Rental Period

Any AAC device requiring prior approval must be rented for a one-month period before Medicaid or NCHC purchases the device. All components necessary for the use of the device—such as software, accessories, and mounting devices must be evaluated during this rental period. The rental fees for the one month period apply to the total purchase price. If during the one-month rental the initially approved device is effective for the beneficiary's communication needs, the provider submits a request for prior approval of purchase of the device. The request must document the effectiveness of the rented device.

When an AAC system is not available for rental, prior approval for purchase may be granted with supporting documentation that the beneficiary has had recent experience and achieved effective communication with the requested AAC.

A rental period is not required when replacing an existing AAC system unless the beneficiary's needs have changed and another AAC system is being considered.

Costs, Repairs, and Replacements

The cost of the AAC device, software (including software upgrades necessary to expand or improve the function of the AAC device), mounting system, accessories, and repairs for one beneficiary shall not exceed \$9,500 for a two-year period. Technical assistance from a qualified augmentative communication technology professional also includes training on use of the AAC equipment and is included in the total purchase price for the AAC device. Technical assistance may not duplicate evaluation and services provided by licensed speech, occupational, or physical therapists.

Repairs of AAC devices must not exceed \$500 annually. Requests for repairs in excess of the capped amount must be approved in advance. Refer to **Section 5.8 Servicing and Repairing Medical Equipment** for details.

The lifetime expectancy for all AAC devices is three years. An AAC device may be modified or replaced in **one** of the following situations:

- a. The beneficiary's medical, cognitive, or physical status changes in such a way as to significantly alter the effectiveness of the device.
- b. The AAC device is no longer functional and cannot be repaired.
- c. The manufacturer's warranty or other applicable warranty has expired and repairs to the AAC device are no longer cost effective. An identical or comparable component(s) will be provided if there is documentation from a licensed speech-language pathologist that the AAC device is still effective and appropriate for the beneficiary's needs.

- d. The device is under manufacturer's warranty, but the repair is not covered by the warranty. Submit documentation from the manufacturer explaining the reason that the repair is not covered.
- e. The AAC device has been damaged or stolen. A copy of the police or fire report must be submitted, if appropriate, and detail the measures to be taken to prevent reoccurrence. Refer to **Subsection 5.9** for details.

Note: All documentation of the history of service, maintenance, and repair of the device must accompany such a request. Medicaid or NCHC will not purchase an extended manufacturer's warranty for any AAC device.

5.3.17 Standers

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

A sit-to-stand stander is medical equipment that transitions a beneficiary who cannot stand on his or her own from a sitting to an upright standing position, with the ability to stop at any point in between and be supported during incremental weight bearing. This stander may include additional accessories for support.

A multi-position stander is medical equipment that transitions a beneficiary from the horizontal prone or supine position to an upright standing position. It is angle adjustable to provide graduated weight bearing and pressure. It is designed for either prone or supine standing. This stander may include additional accessories for support.

A stander and stander accessories require prior approval and are covered for a beneficiary, age 0 through 20 years, if an evaluation by a physical or occupational therapist documents that the following criteria are met:

- a. The beneficiary requires moderate to maximal support for standing in the environment;
- b. The beneficiary is unable to stand or ambulate due to long term medical conditions and ambulation will most likely not occur;
- c. Effective weight bearing cannot be achieved by any other means;
- d. The stander has been tried and used safely by the beneficiary;
- e. The beneficiary's environment can accommodate the stander;
- f. The beneficiary has demonstrated motivation to stand and the beneficiary's caregiver is willing and able to carry out a prescribed standing program.

Note: The physical or occupational therapist completing the evaluation cannot be employed by or have a financial relationship with the medical equipment provider.

Prior approval is required for the stander. The medical equipment provider shall submit a completed CMN/PA form and supporting documentation from the physical or occupational therapist demonstrating that the type of stander selected, and each of its components, is medically necessary and is the least expensive

device that is appropriate for the beneficiary's medical condition. Documentation must include a description of other less expensive devices that were considered and provide a rationale as to why the less expensive devices were not appropriate for the beneficiary. The provider shall list all accessories included with the stander and document medical necessity for all accessories except the following:

- a. Knee supports
- b. Hip supports
- c. Chest support
- d. Footplate or sandals
- e. Lateral supports
- f. Straps
- g. Tray

Note: A mobile option, power lift option, or glider option are not covered accessories.

5.3.18 Bath and Toilet Aids

Refer to **Attachment A, Section C: Procedure Code(s)** for a list of HCPCS codes, established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Bath/Shower Chair or Bench

A bath/shower chair sits in the bathtub or shower for bathing in the seated position. A tub transfer bench goes across the side of the tub and allows a beneficiary to safely slide into the tub and sit for bathing. Prior approval is not required.

A Bath /Shower Chair is considered medically necessary when a beneficiary cannot stand for bathing. A Tub Transfer Bench is considered medically necessary when a beneficiary cannot safely get into or out of a bath tub. A heavy duty transfer bench is allowed for a beneficiary who weighs 250 pounds or more.

Toilet Seat and Commode Chair

A raised toilet seat clamps on to a standard toilet and elevates the toilet seat five inches above the existing toilet. It may include a frame and arm rests. A commode chair may be used as a bedside commode when a pan is added or as a toilet safety frame and elevated toilet seat over the existing toilet.

A raised toilet seat is considered medically necessary when a beneficiary cannot get up from or down to a standard commode. A commode chair is considered medically necessary for a beneficiary who is physically incapable of using a standard toilet or who cannot access the bathroom. A commode chair, extra wide or heavy duty is covered for a beneficiary who weighs 250 pounds or more.

Pediatric: Bath Chairs, Shower Chairs and Bath Lifts

Pediatric: bath chairs, shower chairs, bath lifts, and bath transfer systems are covered for beneficiaries, ages 0 through 20 years, when this equipment is medically necessary as noted below

A pediatric bath chair provides postural support and stability for a child while bathing. The frame is adjustable to provide tilt and recline to meet various positioning needs. Prior approval is required. The pediatric bath chair is considered medically necessary when a beneficiary meets **any one** of the following criteria:

- a. Cannot maintain a sitting position independently;
- b. Needs to be positioned in a reclining or tilted position for bathing;
- c. Has poor or limited head control in supported sitting;
- d. Cannot be safely lifted out of a bath tub due to size or weight; or
- e. Requires proper positioning and additional support for safe bathing.

The following safety equipment is used in conjunction with a pediatric bath chair. This equipment does not require prior approval and includes the following:

Bath chair lateral supports, chest or pelvic straps, or wedge and pommel cushions are medically necessary when a beneficiary requires additional support to maintain the head or trunk in proper alignment or to maintain the beneficiary safely on the bath chair while bathing.

A tub stand or shower stand is medically necessary when the beneficiary cannot be safely transferred out of the tub from the pediatric bath chair and additional height is needed for safety or when the bath chair is to be used in a shower.

A shower trolley is medically necessary when a beneficiary cannot be safely lifted and placed onto the bath chair and must be transferred from bed to bath chair and transported into the shower on the shower trolley.

A hand-held shower is medically necessary when the shower water must be redirected or diverted for safe and effective bathing.

Bath Support

A bath support consists of a low or hi back wrap around support used to maintain an upright seated position in the bath tub. Prior approval is required. A bath support is considered medically necessary when a Medicaid or NCHC beneficiary meets **any one** of the following criteria:

- a. Requires minimal to moderate assistance to maintain an upright seated position;
- b. Exhibits extensor thrusting; or
- c. Has abnormal muscle tone.

Bath Lift

A bath lift consists of a seat and a battery powered lift that lowers to the bottom of the tub and then rises back to the top. A reclining model allows for positioning in a semi reclined position or for washing hair safely. Prior approval is required. A bath lift is considered medically necessary when a beneficiary meets **any one** of the following criteria:

- a. Needs moderate to maximal assistance to get down into the tub and to get back up and cannot be safely lifted into and out of the tub when wet by caregivers due to size or medical condition;

- b. Has a balance deficit or poor head and trunk control and cannot safely sit on a tub bench or other less supportive equipment; or
- c. Is independent with bathing and positioning and is able to manage the bath lift controls, but cannot transfer into and out of the tub safely.

Shower/Commode Chair

A shower / commode chair is a shower chair with a commode cut out so the chair can be used in the shower for bathing or over the commode for toileting. Prior approval is required. A shower/commode chair is considered medically necessary when a beneficiary meets **any one** of the following criteria:

- a. Is not able to stand for bathing in the shower;
- b. Cannot be safely assisted into or out of a bath tub for bathing;
- c. Does not have adequate balance or trunk support to sit on a tub bench for bathing; or
- d. Does not have access to a bath tub and cannot stand for bathing in a shower.

All accessories for this chair require medical justification which must be included in the medical information provided.

Tilt/Recline Shower/ Commode Chair

A tilt / recline shower/ commode chair is a shower chair that can be tilted or reclined to various angles, provides extensive support, and can be rolled into a shower for bathing. This chair can also be rolled over a commode or a commode pan can be added for toileting. Prior approval is required. A tilt / recline shower /commode chair is considered medically necessary when a beneficiary meets **any one** of the following criteria:

- a. Has extensive weakness, contractures, or abnormal tone requiring full body support;
- b. Requires total assistance for transfers and bathing;
- c. Cannot sit upright and must be tilted or reclined for safe positioning while bathing;
- d. Has a medical need that requires the tilted or reclined position when upright; or
- e. Requires pressure relief at all times when sitting.

All accessories for this chair require medical justification and must be included in the medical information provided.

Pediatric Bath Shower Transfer System

A bath shower transfer system is used for positioning and transfers into the bath. It consists of a multi-functional transfer system that includes a roll in shower chair and a bath slider. Prior approval is required. A bath shower transfer system is considered medically necessary when a beneficiary meets **any one** of the following criteria:

- a. Requires maximal assistance to sit;
- b. Has extensive weakness, contractures, or abnormal tone requiring full body support;
- c. Requires total assistance for transfers and bathing; or
- d. Must use a bath tub for bathing.

A letter of medical necessity from a physical or occupational therapist involved in the care of the beneficiary is required for prior approval of all pediatric bath chairs, shower/commode chairs, bath lifts, and bath transfer systems. The physical or occupational therapist completing the evaluation shall not be employed by or have a financial relationship with the medical equipment provider.

For prior approval, the medical equipment provider shall submit a completed CMN/PA form and supporting documentation from the physical or occupational therapist that:

- a. Demonstrates that the bathing device requested, and each of its components, is medically necessary and is the least expensive device that is appropriate for the beneficiary's medical condition.
- b. Describes other less expensive devices that were considered and provides rationale as to why they were not appropriate for the beneficiary.

Pediatric Toilet Supports and Systems

Pediatric toilet supports and toileting systems require prior approval and are covered for beneficiaries ages 0 through 20 years, when they are medically necessary and:

- a. the beneficiary shall be toilet trained; or
- b. capable of being toilet trained within six months and able to participate in a toileting program.

Toilet Seat Reducer Ring

A Toilet Seat Reducer Ring is medical equipment that reduces the size of a commode opening. A Toilet Seat Reducer Ring is considered medically necessary when a beneficiary, age 0 through 20 years, is too small to sit safely on a regular commode because the opening is too large, but can safely sit on the commode for toileting with the reducer ring added.

Lo-Back Toilet Support

A Lo-Back Toilet Support is medical equipment that provides a posterior lower trunk support and reduced seat depth for a commode. A Lo-Back Toilet Support is considered medically necessary when a beneficiary, age 0 through 20 years, meets **any one** of the following criteria:

- a. Cannot maintain balance while sitting on a commode and requires pelvic or trunk support to avoid loss of balance;
- b. Has trunk weakness or tonal abnormalities;
- c. Has poor protective reactions resulting in loss of balance and needs support for safety; or
- d. Is unable to sit on a regular toilet seat without assistance of a caregiver to maintain balance.

Potty Trainer

A potty trainer is medical equipment that provides postural support and stability for a child while toileting. It has adjustable components and accessories to allow a customized seating solution for children who cannot use a standard commode

or potty chair. A potty trainer is considered medically necessary when a beneficiary, age 0 through 20 years, meets **any one** of the following criteria is met:

- a. Toileting or toilet training needs to take place in locations other than a bathroom;
- b. Cannot be maintained in a stable position while sitting on a commode and requires additional support for beneficiary to feel secure; or
- c. Has deficits in balance, coordination, or function.

All accessories require prior approval and must be medically necessary to safely support the beneficiary while toileting.

Toileting System

A toileting system is medical equipment that can be mounted on the commode or used as a free-standing system to provide moderate to maximal support for toileting. This system allows for the use of a variety of accessories to provide customized support where needed. A toileting system is considered medically necessary when a beneficiary, age 0 through 20 years, meets **any one** of the following criteria:

- a. Cannot sit on a commode without the complete support of a caregiver;
- b. Has significant deficits in balance, coordination, or abnormalities in tone;
- c. Has poor head or trunk control; or
- d. Will be independent in toileting with the use of this system.

All accessories require prior approval and must be medically necessary to safely support the beneficiary while toileting.

A letter of medical necessity from a physical or occupational therapist involved in the care of the beneficiary is required for prior approval of all Pediatric Toilet Supports and Systems. The physical or occupational therapist completing the evaluation shall not be employed by or have a financial relationship with the medical equipment provider.

For prior approval, the medical equipment provider shall submit a completed CMN/PA form and supporting documentation from the physical or occupational therapist that:

- a. Demonstrates that the toileting device requested, and each of its components, is medically necessary and is the least expensive device that is appropriate for the beneficiary's medical condition.
- b. Describes other less expensive devices that were considered and provides rationale as to why they were not appropriate for the beneficiary.

5.3.19 Provision of DMES on the Date of Discharge from Specified Facilities

- a. Items listed in **Attachment B** must be provided to a beneficiary, discharged home on the **date of Discharge** from a skilled nursing facility, short term physical disability rehabilitation center or hospital only.

- b. Delivery of DMES on the date of discharge from a skilled nursing facility, short term physical disability rehabilitation center or hospital shall be consistent with **Section 5.6 Delivery of Service**.
- c. For items that require PA, the DMES provider shall submit a prescriber's order and an admission history and physical note and any supporting documentation electronically via the provider portal on the NC Tracks website.
- d. For items that do not require PA, the DMES provider shall keep the prescriber's order, a history and physical note, and any supporting documentation on file.

5.4 Amount of Service

The amount of service is limited to that which is medically necessary as determined by DMA's clinical coverage policies. Refer to **Attachment A, Section C: Procedure Code(s)**, for a listing of the established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

5.5 Durable Medical Equipment and Supplies Limitations

Medicaid and NCHC may place appropriate limits, based on medical necessity criteria, on Durable Medical Equipment and Supplies. When the prescribing physician, physician assistant, or nurse practitioner, orders equipment or supplies beyond these limits, the provider shall seek authorization for payment for these items through NCTracks.

The medical equipment provider shall submit an override request which contains the following information:

- a. A statement requesting an override of the quantity or life expectancy limitation and an explanation of why an override is needed.
- b. The item (including HCPCS code) an override is needed for.
- c. A prescription for the additional quantity or item the override is needed for.
- d. A letter of medical necessity stating the medical need for the additional quantity requested, written by the physician, physician's assistant, nurse practitioner, or therapist.
- e. A copy of the remittance and status advice statement showing a denial by Medicaid or NCHC.

The override request is reviewed for appropriateness and medical necessity and a written decision, either an override letter or a denial letter, is returned to the medical equipment provider. Beneficiaries are notified in writing if the override request is denied.

Refer to **Attachment A, Section C: Procedure Code(s)** for a listing of the established lifetime expectancies and quantity limitations for Durable Medical Equipment and Supplies. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

5.6 Delivery of Service

Providers shall dispense Durable Medical Equipment and Supplies as quickly as possible due to the medical necessity identified for an item. However, providers shall not deliver an item requiring prior approval before approval has been received. Providers who deliver before receiving prior approval do so at their own risk.

5.6.1 Delivery directly to the beneficiary

When an item is delivered directly to a beneficiary, the delivery slip must be signed by the beneficiary or a designee. The provider shall assemble the equipment and provide teaching and training on the safe use of the equipment. The provider shall ensure the equipment or supply is appropriate for the beneficiary's needs, and the beneficiary will be educated on the lifetime expectancy and the warranty of the item.

5.6.2 Utilizing Delivery or Shipping Service

When a provider utilizes a shipping service or mail order, the provider shall report the shipping date as the date of service on the claim. Proof of delivery is required. The provider's records shall include the shipping service's package identification number for the package sent to the beneficiary. The shipping service's tracking slip must reference each individual package, the delivery address, the corresponding package identification number given by the shipping service, and the delivery date. In case of lost, stolen, damaged or incomplete delivery of specified medical equipment or supplies; it is the provider's responsibility to replace the specified medical equipment or supplies without cost to the beneficiary or Medicaid and NCHC. It is expected that the replacement occurs within 48 hours.

5.7 Monitoring Care

5.7.1 Assuring Continuing Need for Rental Items and Supplies

Providers are expected to be alert to changes in the beneficiary's needs for rental items and supplies, and work with the physician, physician assistant, or nurse practitioner, to implement the changes. At a minimum, the continuing need to provide a rental item (one that is not subject to prior approval) or a supply must be verified with the attending physician, physician assistant, or nurse practitioner, at least every 12 months. If there is a need for one of these items beyond 12 months from the date of last signed CMN/PA, a new CMN/PA must be completed and signed by the physician, physician assistant, or nurse practitioner, for the continued coverage. The provider shall obtain the signed form before billing for any services beyond 12 months.

5.8 Servicing and Repairing Medical Equipment

Service and repair of medical equipment is handled in one of three ways:

Rental Equipment: Service and repairs are provided as part of the rental arrangement with no additional charge to Medicaid or NCHC.

Purchased Equipment Warranty: Service and repairs are handled under any warranty coverage an item may have. If there is no warranty, providers may request prior approval to perform the needed service and repairs by submitting a completed CMN/PA form with a repair estimate to NCTracks. The estimate must show a breakdown of charges for parts and the number of hours of labor. No charge is allowed for pick-up or delivery of the item or for the assembly of Medicaid or NCHC reimbursed parts.

Purchased Equipment Non-Warranty: Service or repair is covered if the equipment is owned by the beneficiary and if the repair is not covered under the warranty. A repair estimate must be provided. The estimate must show a breakdown of charges for parts and the number of hours of labor. No charge is allowed for pick-up or delivery, for the

assembly of Medicaid or NCHC reimbursed parts or for freight or the provider's travel time or expenses. All the following information must be entered in block 25 of the CMN/PA form:

- a. The description and HCPCS code of the item being serviced or repaired.
- b. The age of the item.
- c. The number of times the item has been previously repaired.
- d. The current replacement cost.

Note: Providers shall have emergency repair service available 24-hours a day, seven days a week for any life-sustaining equipment they provide.

Note: Medicaid and NCHC shall not cover maintenance or service contracts.

5.9 Replacing Medical Equipment

Medicaid or NCHC may consider replacing the item, when repairing is no longer cost-effective and the item is out of warranty, Refer to **Attachment A, Section C: Procedure Codes(s)**. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Note: When requesting prior approval for the replacement of an item before its usual life expectancy has ended, explain on the CMN/PA form why the replacement is needed.

Specific documentation, in addition to the prescription and CMN/PA form, is required in the following situations:

- a. In cases of equipment loss or damage beyond repair, a letter from the social worker, case manager or child service coordinator explaining the circumstances.
- b. In cases of theft, a copy of the police report or a letter from the appropriate person with knowledge of the occurrence, such as the school principal, social worker, etc.
- c. In cases of equipment destruction by fire, a copy of the fire report.

5.10 Changing Suppliers

A change in suppliers may occur for various reasons, including a beneficiary exercising his freedom of choice of suppliers. When the change involves a transfer of responsibility for providing a rental item or oxygen and oxygen equipment, the transfer must be coordinated with the new supplier and the prescribing physician, physician assistant, or nurse practitioner.

For the new provider to get prior approval to provide rental equipment that has been supplied by the previous provider, the new provider shall submit a pick-up ticket from the first provider showing the equipment has been picked up and new equipment is needed. The previous provider shall submit a pick-up ticket that includes the provider's name, beneficiary's name, item picked up, and date item was picked up. Failure to submit a pick-up ticket to the new provider within 30 calendar days will result in an investigation and possible recoupment of funds.

5.10.1 Changing Suppliers for Rental Items Other than Oxygen Equipment

The new provider shall obtain a new completed and signed CMN/PA form and a pick-up slip from the former provider. Failure to provide a pick-up ticket to the new provider within 30 calendar days may result in investigation and possible recoupment of funds from the previous provider. If the item needs prior approval,

the new provider sends the CMN/PA to the address listed on the form. A new prior approval number is issued for the item and assigned to the new supplier.

Note: The allowable rental period on capped rental items carries over from the old to new supplier. The new supplier is able to get rental payments for only the balance of the rental period before the item becomes the property of the beneficiary.

5.11 Terminating Rentals

The beneficiary, physician, physician assistant, or nurse practitioner, the supplier, Medicaid, or NCHC may terminate the rental of an item during the rental period. If the rental is terminated, providers may reclaim the equipment from the beneficiary within 30 calendar days.

Note: Medical equipment rented under the “capped rental” rules becomes the beneficiary’s property when the total rental payments reach the Medicaid or NCHC-allowable new purchase price for the item. Providers may not reclaim an item after it becomes the beneficiary’s property.

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

- a. meet Medicaid or NCHC qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications

Providers shall be enrolled with Medicaid as a Durable Medical Equipment and Supplies provider and meet the following conditions to qualify for participation with Medicaid and NCHC as a provider.

- a. Providers shall not accept prescriptions for Medicaid or NCHC covered equipment from any physician, physician assistant, or nurse practitioner, who has an ownership interest in their agency.
- b. Providers shall be enrolled and participate in Medicare as a medical equipment supplier. When the beneficiary is insured under NC Health Choice, the NCHC provider is exempt from the requirement to be enrolled and participate in Medicare.
- c. Service must be provided on an emergency basis, 24 hours per day, 7 days per week, for life-sustaining equipment.
- d. The providing agency shall be located within 40 miles of the North Carolina border in a contiguous state from which North Carolina beneficiaries living on the border can use the agency as a general practice. Out-of-state providers more than 40 miles outside of the North Carolina border may enroll with DMA when the medically necessary product they supply or manufacture is not reasonably available through an enrolled provider located within 40 miles of the North Carolina border.

- e. Refer to <http://www.ncbop.org> under the topic *DME Suppliers and Pharmacy Law/Rules* for other rules that may apply to Durable Medical Equipment and Supplies providers.
- f. Providers shall be either:
 - 1. a business entity authorized to conduct business in the state or in the locality where the business site is located. Proof of authorization shall include a certificate of assumed name, certificate of authority, certificate of good standing, license, permit or privilege license; or
 - 2. a Medicaid-enrolled home health agency, a state agency, a local health department, a local lead agency for the CAP for Disabled Adults, a local lead agency for the CAP for Individuals with Intellectual/ Developmental Disabilities, or an agency that provides case management for the Community Alternatives Program for Children.

Note: Providers shall be enrolled and meet the provider qualifications on the date that service is provided.

Note: An agency enrolled to provide Home Infusion Therapy (HIT) may also provide EN. (A HIT provider shall be a home care agency licensed by the Division of Health Service Regulation to provide infusion nursing services and shall have service available 24 hours a day, seven days a week.)

6.2 Federal Laws

Providers shall comply with the following requirements in addition to the laws specifically pertaining to Medicaid and NCHC:

- a. **Title VI of the Civil Rights Act of 1964**, which states that “no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation under any program or activity receiving federal financial assistance.”
- b. **Section 504 of the Rehabilitation Act of 1973**, as amended, which states that “no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”
- c. **The Americans with Disabilities Act of 1990**, which prohibits exclusion from participation in or denial of services because the agency’s facilities are not accessible to individuals with a disability.

6.3 Seeking Other Sources of Payment

Medicaid providers shall take all reasonable measures to determine the legal liabilities of third parties, including Medicare and private insurance, to pay for services. If third party liability is established, providers shall bill the third party before billing Medicaid. NC Health Choice is the sole insurer and sole payer. NC Health Choice providers are exempt from identifying and billing third party payers.

Refer to the *NCTracks Provider Claims and Billing Assistance Guide*:
<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html> for additional information.

6.4 Accepting Payment

Providers shall accept payment in full.

Refer to the *NCTracks Provider Claims and Billing Assistance Guide*:
<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html> for
additional information.

6.5 Disclosing Ownership Information

Providers shall disclose ownership and control information, and information about the provider's agency's owners or employees that have been convicted of criminal offenses against Medicare, Medicaid or NCHC, and the Title XX services program.

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

- Provider(s) shall comply with the following in effect at the time the service is rendered:
- All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
 - All DMA's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

7.2 Record Keeping

The provider shall furnish any information that the U.S. Department of Health and Human Services and its agents, DMA and its agents or the State Medicaid Fraud Investigation Unit regarding payments received for providing Medicaid or NCHC services.

Providers shall keep the following documentation of their services:

- The prescription for the item signed by the physician, physician assistant, or nurse practitioner, specifying the order as much as possible (e.g., number being ordered, frequency to be used, duration of prescription, etc.).
- The original CMN/PA form for Durable Medical Equipment and Supplies.
- The original orders signed by the physician, physician assistant, or nurse practitioner, that were used to provide enteral nutrition.
- A full description of all item(s) supplied to a beneficiary.
- The dates the items were supplied—the delivery date for purchased items or the delivery and pickup dates for rental items, including signed pick-up and delivery slips. The delivery slip must be signed by the beneficiary or the beneficiary's designee when the delivery is direct to the beneficiary. When utilizing delivery or shipping services, all requirements as outlined under **Subsection 5.6.2** shall apply.
- A full description of any service or repairs, including details of parts and labor, applicable warranty information, and the date of the service or repair. If the item is

removed from the beneficiary's environment for service or repair, record the date of removal and the date of return.

Note: All beneficiary information, including the beneficiary's Medicaid or NCHC status, shall be kept confidential. Provide this information only to those who are authorized to receive it.

7.3 Coordinating Care

The Durable Medical Equipment and Supplies provider shall be responsible for determining what other services the beneficiary is receiving and for coordinating care to ensure there is no duplication of service.

8.0 Policy Implementation/Revision Information

Original Effective Date: March 1, 2003

Revision Information:

Date	Section Revised	Change
06/01/2003	Section 6.3, 6.4, 6.5	Text pertaining to provider responsibilities for payment and disclosure was added; effective with date of publication 03/01/03.
06/01/2003	Section 5.3.12, Respiratory Devices	Codes E0452 and E0453 were deleted and replaced with codes K0532 and K0533, respectively.
08/01/2003	Attachment B, block 26	The reminder for billing rentals was updated to reflect the implementation of modifiers.
08/01/2003	Attachment C, block 24c	The instruction for block 24c, Type of Service Code, was updated to read "leave blank."
08/01/2003	Attachment C, block 24d	The instruction for block 24d, Procedures, Services, was updated to state that providers must bill with modifiers NU, UE, and RR.
08/01/2003	Attachment C, claim form examples	Claim examples were updated to reflect the use of modifiers NU, UE, and RR.
09/01/2003	Section 5.3.16	Code W4006 was deleted and replaced with codes E0691 and E0692.
09/01/2003	Section 5.3.17	Code W4007, isolette, was deleted.
09/01/2003	Section 5.3.18 through 5.3.21	These sections were renumbered to 5.3.17 through 5.3.20
09/01/2003	Attachment A, block 24	Code W4006 was deleted and replaced with codes E0691 and E0692. The reference to code W4007 was deleted.
10/01/2003	Section 5.3.7	Code W4127 was deleted and replaced with E1037 and E1038.
10/01/2003	Section 5.3.8	Code W4029 was deleted. Subsequent sections were renumbered.
10/01/2003	Section 5.3.10	This section was renumbered to 5.3.9. The references to codes W4040 and W4041 on page 22 were replaced with codes S8120 and S8121. The reference to code W4042 was deleted.

Date	Section Revised	Change
10/01/2003	Section 5.3.12	This section was renumbered to 5.3.11. Codes W4011 and W4121 were deleted and replaced with E0445.
10/01/2003	Attachment A, block 24	Code E0608 was deleted and replaced with E0619.
11/01/2003	Section 5.3.1	Code W4684 was deleted; W4692 and W4693 were deleted and replaced with E0148; W4694 was deleted and replaced with E0149; W4724 and W4725 were deleted and replaced with K0549; W4727, W4728, and W4729 were deleted and replaced with K0549 and K0550; W4679, W4680, W4681, W4682, and W4683 were deleted and replaced by E0168.
01/01/2004	Section 5.3.1	Codes W4685 and W4686 were end-dated and replaced with E0248; W4687 was end-dated and replaced with E0247; K0459 was end-dated and replaced with E0303; K0550 was end-dated and replaced with E0304.
01/01/2004	Section 5.3.6	Codes K0538 was end-dated and replaced with E2042. Codes K0539 and K0540 were end-dated and replaced with A6550 and A6551; criteria for these items was deleted from the section because they do not require prior approval.
01/01/2004	Section 5.3.7	Code K0016 was end-dated and replaced with E0973. Codes K0022 and K0029 were end-dated and replaced with E0982. Code K0030 was end-dated and was not replaced. Code K0025 was end-dated and replaced with E0996. Code K0028 was end-dated and replaced E1226. Code K0048 was end-dated and replaced with E0990. Codes KL0054, K0055, K0057, and K0058 were end-dated and were not replaced. Codes K0062 and K0063 were end-dated and replaced with E0967. Codes K0088 was end-dated and replaced with E2366. Code K0089 was end-dated and replaced with E2367.
01/01/2004	Section 5.3.11	Code K0533 was end-dated and replaced with E0471. Code K0532 was end-dated and replaced with E0470.
01/01/2004	Section 5.7	Code W4005 was end-dated and replaced E1340.
02/01/2004	Section 5.3.13	Criteria for coverage of ultrasonic osteogenesis stimulators were added.
02/01/2004	Section 5.3.11	Code E0608 was deleted and replaced with E0619.
03/01/2004	Sections 5.3.1; 5.3.7; 5.3.11	National miscellaneous HCPCS codes were added to state-created codes.
03/01/2004	Section 5.3.13	Criteria were added for Non-Invasive Electrical Osteogenesis Stimulators for Spinal Applications.
03/01/2004	Attachment A, Block 26	Instructions were added on how to complete the CMN/PA form for approval of items with a national miscellaneous code and the CMN/PA example was revised.
03/01/2004	Attachment C, Block 23	Instructions were added on when to include the Service Request Number and the example of the claim form for DME was revised.

Date	Section Revised	Change
03/01/2004	Attachment D	Attachment D was re-numbered to Attachment E and the list of lifetime expectancies for DME items was added as Attachment D.
08/01/2004	Section 5.3.10	Criteria for segmental and non-segmental pneumatic compressors and appliances were clarified.
10/01/2004	Section 5.3.1	HCPCS codes W4698 through W4700 were end-dated and replaced with E2001 and E2202; W4701 through W4703 were end-dated and replaced with E2203 and E2204; W4707 through W4712 were end-dated and replaced with E2340, E2341, E2342, and E2343; K0651 was added.
10/01/2004	Section 5.3.7	HCPCS code E0192 was end-dated and replaced with K0652 through K0657; K0023 and K0024 were end-dated and replaced with K0660 and K0661; W4148 was end-dated and replaced with K0662 through K0665; E0964 was end-dated and replaced with K0650. The code descriptions for K0108/W4117 and K0108/W4118 were updated.
10/01/2004	Attachment A	The example of the CMN/PA form for DME was revised to reflect new codes.
10/01/2004	Attachment D	The list of Lifetime Expectancies and Quantity Limitations for DME was revised to include new codes.
02/01/2005	Sections 5.3.1, 5.3.7, and 5.3.11	HCPCS codes K0059-K0061, K0081, K0650-K0657, K0660-K0665, E0176-E0179, E1091, W4122-W4126, W4128, W4129, and W4134-W4137 were end-dated and replaced with new codes. Code descriptions were updated.
02/01/2005	Attachment D	The list of Lifetime Expectancies and Quantity Limitations for DME was revised to include new codes.
07/01/2005	Section 5.3.7	HCPCS codes E2294, K0108/W4138, K0108/W4151, and E2603-E2606 were end-dated and replaced with new codes. Code descriptions were updated.
07/01/2005	Section 5.3.17 and 5.3.18	These sections, related to orthotics and prosthetics, were deleted.
07/01/2005	Section 5.8	Information related to repairing and servicing orthotics and prosthetics was deleted.
07/01/2005	Attachment D	The list of Lifetime Expectancies and Quantity Limitations for DME was revised to include new codes.
08/01/2005	Attachment A	Instructions were updated to comply with revised CMN/PA form.
09/01/2005	Section 2.2	The special provision related to EPSDT was revised.
09/01/2005	Section 5.3.16	HCPCS code E0609 was end-dated and replaced with E2100
10/01/2005	Section 8.7	Information related to co-payments was added.
10/01/2005	Attachment D	Quantity limits were added for A7032 AND A7034 through A7039.
12/01/2005	Section 2.2	The website address for DMA's EDPST policy instructions was added to this section.
12/01/2005	Section 8.3	The information pertaining to crossover claims was updated.

Date	Section Revised	Change
01/01/2006	Section 5.3.1 and Attachment A	HCPCS code W4737 was end-dated and replaced with codes E2371 and E2372; W4721 was end-dated and replaced with codes E0911 and E0912.
01/01/2006	Section 5.3.7 and Attachment A	The description for HCPCS code E1038 was revised. HCPCS codes E1025, E1026, and E1027 were end-dated and deleted from the policy.
01/01/2006	Section 5.3.17 and Attachment A, block 24.	The description for HCPCS code E0935 was revised.
01/01/2006	Attachment D	HCPCS code A4254 was end-dated and replaced with A4233, A4234, A4235, and A4236; E0972 was end-dated and replaced with E0705; K0064 was end-dated and replaced with E2216; K0066 was end-dated and replaced with E2220; K0067 was end-dated and replaced with E2211; K0068 was end-dated and replaced with E2212; K0074 was end-dated and replaced with E2214; K0075 was end-dated and replaced with E2217; K0076 was end-dated and replaced with E2221; K0078 was end-dated and replaced with E2215; K0102 was end-dated and replaced with E2207; K0104 was end-dated and replaced with E2208; and K0106 was end-dated and replaced with E2209.
01/01/2006	Attachment D	The descriptions for HCPCS codes A4215, A6550, A7032, A7033, B4149, and E0971.
01/01/2006	Attachment D	The following HCPCS codes, descriptions and lifetime expectancies were added to the attachment: E1039, E2210, E2213, E2218, E2219, E2222, E2223, E2224, E2225, and E2226.
01/01/2006	Attachment D	HCPCS code A6551 was end-dated and deleted from the policy.
02/01/2006	Attachment B, Step #6	Information pertaining to denied prior approval requests was updated.
04/01/2006	Section 6.1	Information about when an out-of-state provider can enroll with N.C. Medicaid was added to item #4.
04/01/2006	Section 6.1	A permit or letter of exemption from the N.C. Board of Pharmacy was added as a requirement.
05/01/2006	Attachment D	HCPCS code L8501 was added to the table as a covered code.
07/01/2006	Section 5.3.7	Added HCPCS codes E1029 and E1030 as covered codes.
08/01/2006	Attachment D	Added HCPCS codes K0734 through K0737 as covered codes.
09/01/2006	Section 5.3.11	Coverage criteria and requirements for respiratory assist devices and continuous positive airway pressure devices were updated.
09/01/2006	Section 5.3.18	Coverage criteria for high-frequency chest wall oscillation device added to policy effective with date of service June 1, 2006.
09/01/2006	Attachment D	HCPCS codes E0483, A7025 and A7026 were added to the list of codes.
12/01/2006	Section 2.2	The special provision related to EPSDT was revised.

Date	Section Revised	Change
12/01/2006	Sections 3.0, 4.0, and 5.0	A note regarding EPSDT was added to these sections.
01/01/2007	All sections and attachment(s)	HCPCS codes E0164, E0166, E0180, E2320, and K0090 through K0098, W4704 through W4706, K0010, and K0011 were end-dated and removed.
01/01/2007	All sections and attachment(s)	HCPCS code descriptions for E0163, E0165, E0167, 30181, E0182, E0720, E0730, E0967, and E2209 were revised.
01/01/2007	Appendix D, Capped Rental/Purchase tables	Multiple HCPCS codes in the ranges of E2373 through E2396 and K0733 through K0898 were added.
03/01/2007	Section 2.2	EPSDT statement was updated.
03/01/2007	Attachment D	HCPCS procedure codes E2601 through E2608 and K0734 through K0737 were removed from Inexpensive or Routinely Purchased Items and placed in Capped Rental/Purchase. HCPCS procedure codes K0552 and L8501 were removed from Inexpensive or Routinely Purchased Items and placed in DME-Related Supplies. HCPCS procedure codes A4614, A7006, E0424, E0431, E0434, and E0439 were removed from Frequently Serviced Items and placed in Oxygen and Oxygen-Related Items. HCPCS procedure codes A7030 and A7031 were added to DME-Related Supplies.
03/01/2007	Section 5.3.19 and Attachment D	Coverage added for cough-stimulating device, alternating positive and negative airway pressure (E0482).
04/01/2007	Section 5.3.20	Coverage added for Farrell valve enteral gastric pressure relief system.
04/01/2007	Section 5.8	Removed requirement for hourly labor rate to be included in repair estimates.
04/01/2007	Sections 2.2, 3.0, 4.0, and 5.0	EPSDT information was revised to clarify exceptions to policy limitations for beneficiaries under 21 years of age.
05/01/2007	Section 5.3.1	Transferred some power wheelchairs previously designated as "oversize equipment" into the standard wheelchair category (Section 5.3.7).
05/01/2007	Section 5.3.7	Restored the requirements for power wheelchairs, which were inadvertently deleted in the January 1, 2007, version. Reordered the items so that all manual wheelchairs are together, followed by manual wheelchair accessories. The same organization applies to power wheelchairs and their accessories.
06/01/2007	All sections and attachment(s)	Reformatted lists and styles to be consistent with other DMA documents.
06/01/2007	Section 5.3.7, Attachment D	Removed end-dated codes K0108/W4146 and K0108/W4147; added replacement codes E1002 through E1008.
06/01/2007	Section 7.2	Reformatted the section to set off headings more clearly; moved statement about restrictions on HIT and Hospice service to those subsections; moved a general statement to the beginning of the section.

Date	Section Revised	Change
08/01/2007	Section 6.1	Changed the name of Division of Facility Services (DFS) to Division of Health Service Regulation (DHSR).
01/01/2008	Section 5.3.7	HCPCS code update: deleted E2618; changed the description of E2373; added E2312 and E2313
01/01/2008	Section 5.3.8	HCPCS code update: changed the description of E0630
01/01/2008	Section 5.3.9	Updated the oxygen policy to reflect current standards of practice and Medicare's coverage criteria. Added HCPCS codes E1392 and K0738 to fee schedule. Added modifiers to code E1390 for special reimbursement rates.
01/01/2008	Section 5.10	Deleted requirement to perform a new study to change suppliers.
01/01/2008	Section 5.11	Deleted section on changing the type of oxygen equipment.
01/01/2008	old Section 8.0	Billing Guidelines was renamed Claims-Related Information, moved to Attachment A , and reorganized according to a standard outline. The previous Section 9.0 became Section 8.0, and existing attachments were renumbered in sequence.
01/01/2008	Attachment E	HCPCS code update: deleted B4086, E2618, and W4210; changed the description of B4034, E0630, E2205, and E2373; added A7027, A7028, A7029, B4087, B4088, E2227, E2228, E2312, and E2313.
01/01/2008	All sections and attachment(s)	Removed boldface as a designation for Medicare coverage and asterisks as indicators of prior approval requirements.
04/01/2008	Sections 5.2 and 5.3.7, Attachments C and F	EDS took over the prior approval of pediatric mobility devices from Children's Special Health Services. Deleted references to CSHS and instructions for contacting them.
08/11/2008 (eff. 01/01/2008)	Attachment E	Corrected quantity limitation in HCPCS code B4088 from 2 per month to 4 per year. This is a correction to a typographical error, not a change in actual coverage.
01/01/2009	Section 5.3.21	Added this section on canes, crutches, walkers, and gait trainers.
01/01/2009	Attachment E	Revised lifetime expectancies for HCPCS codes A4637, E0100, E0105, E0110, E0111, E0112, E0114, E0130, E0135, E0141, E0143, E0154; added HCPCS codes A4635, A4636, E0113, E0118, E0155, E0156, E0158, E8000, E8001, and E8002; added miscellaneous HCPCS code E1399.
02/01/2009 (eff. 07/01/2008)	Section 5.3.22, Attachment E	Added section and codes on oral nutrition.
02/01/2009	Section 5.3.23	Added section and codes on augmentative and alternative communication devices.
02/01/2009 (eff. 01/01/2009)	Attachment E	HCPCS code update: changed descriptions of A6257 and A6258; added A9284, E1354, E1355, E1356, E1357, E1358, E2231, and E2295. Corrected descriptions of A7520, A7521, and A7522.
05/01/2009	Section 5.3.22	Added URL for Oral Nutrition Request Form.
05/01/2009	All sections and attachment(s)	Corrected URLs to conform to new DMA website organization.

Date	Section Revised	Change
06/01/2009	5.3.14	Revised coverage criteria for external insulin pumps.
11/01/2009	5.3.24	Added section and codes on Standers
02/16/2011	Attachment E	Quantity for code A7000 changed from 1/Month to 10/Month
04/20/2011	Subsection 5.3.11	Added “Pressure support ventilator, with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube) (E0463)”
07/01/2011	Subsection 5.5.1	Added Subsection 5.5.1 Override Process
10/01/2011	Throughout	Updated policy template language and formatting
07/01/2012	Subsection 5.3.6	Added Prior approval criteria on Rental wheelchairs
07/01/2012	Subsection 5.6.1	Added Subsection 5.6.1 Delivery directly to the recipient
07/01/2012	Subsection 5.6.2	Added Subsection 5.6.2 utilizing delivery or Shipping Service.
07/01/2012	Subsection 7.2	Added and referenced Subsection 5.6.1 and 5.6.2 to Subsection 7.2.e Record Keeping
02/01/2013	Attachment A©	Attachment E relocated information to Attachment A©
02/01/2013	All sections and attachment(s)	Merge Medicaid and NCHC current coverage into one policy.
02/01/2013	All sections and attachment(s)	Replaced “recipient” with “beneficiary.”
03/01/2013	Subsection 5.3.1	Item “d.” Total Electric Hospital Bed – Wording revised to clarify requirements
07/01/2013	Subsection 5.3.9	Replaced “written statement” with “medical documentation” to reflect process changes.
07/01/2013	Subsection 5.3.11	Deleted “The physician, physician assistant, or nurse practitioner shall document in block 11 and 25 of the CMN/PA form and attach the required documentation that the beneficiary meets the medical necessity requirement for RAD therapy along with the results of the polysomnogram (if required based on the diagnosis).”
07/01/2013	Subsection 5.3.11	Deleted “in block 11 and 25 of the CMN/PA form, or on attached documentation,”
07/01/2013	Subsection 5.3.11	Deleted “the physician, physician assistant, or nurse practitioner shall indicate in block 25 of the CMN/PA form or”
07/01/2013	Subsection 5.3.12	Deleted “the physician, physician assistant, or nurse practitioner shall indicate in block 25 of the CMN/PA form or”
07/01/2013	Attachment B	Deleted Attachment B due to those instructions becoming obsolete with new fiscal agent.
07/01/2013	Attachment C&D	Renumbered to now become Attachment B and Attachment C after the deletion of Attachment B. Updated references throughout the policy to reflect this change.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
11/01/2015	Subsection 5.3.29	Added process change for the provision of DMES on the Date of Discharge from a Hospital.

Date	Section Revised	Change
11/01/2015	Attachment B	Specific codes to be provided on the date of Discharge from a Hospital.
02/15/2016	Subsection 5.3.29	Policy/Section name updated to Provision of DMES on the Date of Discharge from Specified Facilities.
02/15/2016	Subsection 5.3	Guidance for Electronic Signatures added
02/15/2016	Attachment B	Specific codes to be provided on the date of Discharge from Specified Facilities was updated.
11/01/2016	Subsection 5.3.9	Mirror Medicare oxygen recertification policy (Effective 04/25/2016 per the April 2016 Medicaid Special Bulletin)
11/01/2016	Subsection 5.3.11	Simplify recertification on ventilators (Effective 04/25/2016 per the April 2016 Medicaid Special Bulletin)
11/01/2016	Subsection 5.6.2	Mirror Medicare policy when using shipping or delivery service (Effective 04/25/2016 per the April 2016 Medicaid Special Bulletin)
11/01/2016	Attachment A	C: Codes: Annual HCPCS code update; end date code E0450 and E0463 replace and add HCPCS code E0465 – (Effective 01/01/2016)
11/01/2016	Subsection 5.3.9	Added clarifying language to items “d.” and “i.” and returned wording that had inadvertently been dropped during revision process. (Effective 04/25/2016 per the April 2016 Medicaid Special Bulletin)
11/01/2016	Subsection 5.3.9	Added clarifying language to items “i.” and “j.” (Effective 04/25/2016 per the April 2016 Medicaid Special Bulletin)
11/01/2016	Attachment D	Eliminated Carolina Access requirement from box 19 of example claim in Attachment D. (per September 2016 Special Medicaid Bulletin)
11/01/2016	Subsection 5.3.3, 5.3.5	Initial authorization extended from 3 to 6 months (Effective 10/1/16 per the October 2016 Medicaid Bulletin)
11/01/2016	Subsection 5.6.1	Added beneficiary education on useful life and warranty (Effective 10/1/16 per the October 2016 Medicaid Bulletin)
11/01/2016	Attachment B	Specific codes to be provided on the date of Discharge from Specified Facilities was updated. (Effective 10/1/16)
07/01/2017	All Sections and Attachments	Clinical coverage policy 5A, Durable Medical Equipment and Supplies, separated into three categorical policies: 5A-1, Physical Rehabilitation Equipment and Supplies, 5A-2, Respiratory Equipment and Supplies, and 5A-3, Nursing Equipment and Supplies. The technical change resulted in no substantive changes to the existing 5A clinical coverage policy language.
07/01/2017	Subsections 1.1, 1.2, 3.2.1, 5.3.1, 5.3.4, 5.3.5, 5.3.6, 5.3.11, 5.3.12, 5.3.13, 5.3.14, 5.3.15, 5.6.1 & 7.2	Language amended to comply with CMS 42 CFR Part 440.70, Home Health Services, Final Rule.
08/01/2017	All Sections and Attachments	Amended policy posted on this date, with an EFFECTIVE Date of 07/01/2017.

Date	Section Revised	Change
12/01/2017	All Sections	Policy language was amended to clarify compliance with the CMS Home Health Final Rule, 42CFR, Part 440.70. References to requesting items not listed in policy or the corresponding fee schedule were added in multiple locations throughout the policy.
12/01/2017	Attachment D	Added Attachment D: Requesting Unlisted DME and Supplies for Adults.
12/01/2017	Attachment A, Section C: Procedure Code(s)	HCPCS code E1028 added to code list as it was inadvertently left out during a previous update.

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, DMA's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

ICD-10-CM Codes					
Osteogenesis Stimulators					
M80.00xK	S59.141K	S82.839N	S52.023B	S62.242A	S82.111C
M80.011K	S59.142K	S82.841K	S52.023C	S62.243A	S82.112B
M80.012K	S59.149K	S82.841M	S52.024B	S62.244A	S82.112C
M80.019K	S59.191K	S82.841N	S52.024C	S62.245A	S82.113B
M80.021K	S59.192K	S82.842K	S52.025B	S62.246A	S82.113C
M80.022K	S59.199K	S82.842M	S52.025C	S62.320A	S82.114B
M80.029K	S59.201K	S82.842N	S52.026B	S62.321A	S82.114C
M80.031K	S59.202K	S82.843K	S52.026C	S62.322A	S82.115B
M80.032K	S59.209K	S82.843M	S52.031B	S62.323A	S82.115C
M80.039K	S59.211K	S82.843N	S52.031C	S62.324A	S82.116B
M80.041K	S59.212K	S82.844K	S52.032B	S62.325A	S82.116C
M80.042K	S59.219K	S82.844M	S52.032C	S62.326A	S82.121B
M80.049K	S59.221K	S82.844N	S52.033B	S62.327A	S82.121C
M80.051K	S59.222K	S82.845K	S52.033C	S62.328A	S82.122B
M80.052K	S59.229K	S82.845M	S52.034B	S62.329A	S82.122C
M80.059K	S59.231K	S82.845N	S52.034C	S62.338A	S82.123B
M80.061K	S59.232K	S82.846K	S52.035B	S62.350A	S82.123C
M80.062K	S59.239K	S82.846M	S52.035C	S62.351A	S82.124B
M80.069K	S59.241K	S82.846N	S52.036B	S62.352A	S82.124C
M80.071K	S59.242K	S82.851K	S52.036C	S62.353A	S82.125B
M80.072K	S59.249K	S82.851M	S52.041B	S62.354A	S82.125C
M80.079K	S59.291K	S82.851N	S52.041C	S62.355A	S82.126B
M80.08xK	S59.292K	S82.852K	S52.041S	S62.356A	S82.126C
M80.80xK	S59.299K	S82.852M	S52.042B	S62.357A	S82.131B
M80.811K	S62.001K	S82.852N	S52.042C	S62.358A	S82.131C
M80.812K	S62.002K	S82.853K	S52.042S	S62.359A	S82.132B
M80.819K	S62.009K	S82.853M	S52.043B	S62.251A	S82.132C
M80.821K	S62.011K	S82.853N	S52.043C	S62.252A	S82.133B
M80.822K	S62.012K	S82.854K	S52.043S	S62.253A	S82.133C
M80.829K	S62.013K	S82.854M	S52.044B	S62.254A	S82.134B
M80.831K	S62.014K	S82.854N	S52.044C	S62.255A	S82.134C
M80.832K	S62.015K	S82.855K	S52.044S	S62.256A	S82.135B

M80.839K	S62.016K	S82.855M	S52.045B	S62.291A	S82.135C
M80.841K	S62.021K	S82.855N	S52.045C	S62.330A	S82.136B
M80.842K	S62.022K	S82.856K	S52.045S	S62.331A	S82.136C
M80.849K	S62.023K	S82.856M	S52.046B	S62.332A	S82.141B
M80.851K	S62.024K	S82.856N	S52.046C	S62.333A	S82.141C
M80.852K	S62.025K	S82.861K	S52.046S	S62.334A	S82.142B
M80.859K	S62.026K	S82.861M	S52.271B	S62.335A	S82.142C
M80.861K	S62.031K	S82.861N	S52.271C	S62.336A	S82.143B
M80.862K	S62.032K	S82.862K	S52.271E	S62.337A	S82.143C
M80.869K	S62.033K	S82.862M	S52.271F	S62.339A	S82.144B
M80.871K	S62.034K	S82.862N	S52.271H	S62.360A	S82.144C
M80.872K	S62.035K	S82.863K	S52.271J	S62.361A	S82.145B
M80.879K	S62.036K	S82.863M	S52.271M	S62.362A	S82.145C
M80.88xK	S62.101K	S82.863N	S52.271N	S62.363A	S82.146B
M84.30xK	S62.102K	S82.864K	S52.271Q	S62.364A	S82.146C
M84.311K	S62.109K	S82.864M	S52.271R	S62.365A	S82.151B
M84.312K	S62.111K	S82.864N	S52.271S	S62.366A	S82.151C
M84.319K	S62.112K	S82.865K	S52.272B	S62.367A	S82.152B
M84.321K	S62.113K	S82.865M	S52.272C	S62.368A	S82.152C
M84.322K	S62.114K	S82.865N	S52.272E	S62.369A	S82.153B
M84.329K	S62.115K	S82.866K	S52.272F	S62.291A	S82.153C
M84.331K	S62.116K	S82.866M	S52.272H	S62.292A	S82.154B
M84.332K	S62.121K	S82.866N	S52.272J	S62.292A	S82.154C
M84.333K	S62.122K	S82.871K	S52.272M	S62.299A	S82.155B
M84.334K	S62.123K	S82.871M	S52.272N	S62.299A	S82.155C
M84.339K	S62.124K	S82.871N	S52.272Q	S62.300A	S82.156B
M84.341K	S62.125K	S82.872K	S52.272R	S62.300A	S82.156C
M84.342K	S62.126K	S82.872M	S52.272S	S62.301A	S82.191B
M84.343K	S62.131K	S82.872N	S52.279B	S62.301A	S82.191C
M84.344K	S62.132K	S82.873K	S52.279C	S62.302A	S82.192B
M84.345K	S62.133K	S82.873M	S52.279E	S62.302A	S82.192C
M84.346K	S62.134K	S82.873N	S52.279F	S62.303A	S82.199B
M84.350K	S62.135K	S82.874K	S52.279H	S62.303A	S82.199C
M84.351K	S62.136K	S82.874M	S52.279J	S62.304A	S82.831B
M84.352K	S62.141K	S82.874N	S52.279M	S62.304A	S82.831C
M84.353K	S62.142K	S82.875K	S52.279N	S62.305A	S82.832B
M84.359K	S62.143K	S82.875M	S52.279Q	S62.305A	S82.832C
M84.361K	S62.144K	S82.875N	S52.279R	S62.306A	S82.839B
M84.362K	S62.145K	S82.876K	S52.279S	S62.306A	S82.839C
M84.363K	S62.146K	S82.876M	S52.001B	S62.307A	S82.101B
M84.364K	S62.151K	S82.876N	S52.001C	S62.307A	S82.832B
M84.369K	S62.152K	S82.891K	S52.001E	S62.308A	S82.101B
M84.371K	S62.153K	S82.891M	S52.001F	S62.308A	S82.102B
M84.372K	S62.154K	S82.891N	S52.001H	S62.309A	S82.102B
M84.373K	S62.155K	S82.892K	S52.001J	S62.309A	S82.831B
M84.374K	S62.156K	S82.892M	S52.001M	S62.390A	S82.831B
M84.375K	S62.161K	S82.892N	S52.001N	S62.390A	S82.832B
M84.376K	S62.162K	S82.899K	S52.001Q	S62.391A	S82.201A
M84.377K	S62.163K	S82.899M	S52.001R	S62.391A	S82.202A
M84.378K	S62.164K	S82.899N	S52.001S	S62.392A	S82.209A
M84.379K	S62.165K	S82.90xK	S52.002B	S62.392A	S82.221A
M84.38xK	S62.166K	S82.90xM	S52.002C	S62.393A	S82.222A

M84.40xK	S62.171K	S82.90xN	S52.002E	S62.393A	S82.223A
M84.411K	S62.172K	S82.91xK	S52.002F	S62.394A	S82.224A
M84.412K	S62.173K	S82.91xM	S52.002H	S62.394A	S82.225A
M84.419K	S62.174K	S82.91xN	S52.002J	S62.395A	S82.226A
M84.421K	S62.175K	S82.92xK	S52.002M	S62.395A	S82.231A
M84.422K	S62.176K	S82.92xM	S52.002N	S62.396A	S82.232A
M84.429K	S62.181K	S82.92xN	S52.002Q	S62.396A	S82.233A
M84.431K	S62.182K	S89.001K	S52.002R	S62.397A	S82.234A
M84.432K	S62.183K	S89.002K	S52.002S	S62.397A	S82.235A
M84.433K	S62.184K	S89.009K	S52.009B	S62.398A	S82.236A
M84.434K	S62.185K	S89.011K	S52.009C	S62.398A	S82.241A
M84.439K	S62.186K	S89.012K	S52.009E	S62.399A	S82.242A
M84.441K	S62.201K	S89.019K	S52.009F	S62.399A	S82.243A
M84.442K	S62.202K	S89.021K	S52.009H	S62.308B	S82.244A
M84.443K	S62.209K	S89.022K	S52.009J	S62.308S	S82.245A
M84.444K	S62.211K	S89.029K	S52.009M	S62.309B	S82.246A
M84.445K	S62.212K	S89.031K	S52.009N	S62.309D	S82.251A
M84.446K	S62.213K	S89.032K	S52.009Q	S62.309G	S82.252A
M84.451K	S62.221K	S89.039K	S52.009R	S62.309K	S82.253A
M84.452K	S62.222K	S89.041K	S52.009S	S62.309P	S82.254A
M84.453K	S62.223K	S89.042K	S52.091B	S62.309S	S82.255A
M84.454K	S62.224K	S89.049K	S52.091C	S62.318B	S82.256A
M84.459K	S62.225K	S89.091K	S52.091E	S62.319B	S82.261A
M84.461K	S62.226K	S89.092K	S52.091F	S62.328B	S82.262A
M84.462K	S62.231K	S89.099K	S52.091H	S62.328S	S82.263A
M84.463K	S62.232K	S89.101K	S52.091J	S62.329B	S82.264A
M84.464K	S62.233K	S89.102K	S52.091M	S62.329S	S82.265A
M84.469K	S62.234K	S89.109K	S52.091N	S62.338B	S82.266A
M84.471K	S62.235K	S89.111K	S52.091Q	S62.338D	S82.291A
M84.472K	S62.236K	S89.112K	S52.091R	S62.338S	S82.292A
M84.473K	S62.241K	S89.119K	S52.091S	S62.339B	S82.299A
M84.474K	S62.242K	S89.121K	S52.092B	S62.339S	S82.401A
M84.475K	S62.243K	S89.122K	S52.092C	S62.348B	S82.402A
M84.476K	S62.244K	S89.129K	S52.092S	S62.349B	S82.409A
M84.477K	S62.245K	S89.131K	S52.099B	S62.358B	S82.421A
M84.478K	S62.246K	S89.132K	S52.099C	S62.358S	S82.422A
M84.479K	S62.251K	S89.139K	S52.099S	S62.359B	S82.423A
M84.48xK	S62.252K	S89.141K	S52.121B	S62.359S	S82.424A
M84.50xK	S62.253K	S89.142K	S52.121C	S62.368B	S82.425A
M84.511K	S62.254K	S89.149K	S52.122B	S62.368S	S82.426A
M84.512K	S62.255K	S89.191K	S52.122C	S62.369B	S82.431A
M84.519K	S62.256K	S89.192K	S52.123B	S62.369S	S82.432A
M84.521K	S62.291K	S89.199K	S52.123C	S62.398B	S82.433A
M84.522K	S62.292K	S89.201K	S52.124B	S62.398D	S82.434A
M84.529K	S62.299K	S89.202K	S52.124C	S62.398G	S82.435A
M84.531K	S62.300K	S89.209K	S52.125B	S62.398K	S82.436A
M84.532K	S62.301K	S89.211K	S52.125C	S62.398P	S82.441A
M84.533K	S62.302K	S89.212K	S52.126B	S62.398S	S82.442A
M84.534K	S62.303K	S89.219K	S52.126C	S62.399B	S82.443A
M84.539K	S62.304K	S89.221K	S52.181B	S62.399D	S82.444A
M84.541K	S62.305K	S89.222K	S52.181C	S62.399G	S82.445A
M84.542K	S62.306K	S89.229K	S52.181E	S62.399K	S82.446A

M84.549K	S62.307K	S89.291K	S52.181F	S62.399P	S82.451A
M84.550K	S62.308K	S89.292K	S52.181H	S62.399S	S82.452A
M84.551K	S62.309K	S89.299K	S52.181J	S62.201B	S82.453A
M84.552K	S62.310K	S89.301K	S52.181M	S62.202B	S82.454A
M84.553K	S62.311K	S89.302K	S52.181N	S62.209B	S82.455A
M84.559K	S62.312K	S89.309K	S52.181Q	S62.211B	S82.456A
M84.561K	S62.313K	S89.311K	S52.181R	S62.212B	S82.461A
M84.562K	S62.314K	S89.312K	S52.182B	S62.213B	S82.462A
M84.563K	S62.315K	S89.319K	S52.182C	S62.221B	S82.463A
M84.564K	S62.316K	S89.321K	S52.182E	S62.222B	S82.464A
M84.569K	S62.317K	S89.322K	S52.189B	S62.223B	S82.465A
M84.571K	S62.318K	S89.329K	S52.189C	S62.224B	S82.466A
M84.572K	S62.319K	S89.391K	S52.131B	S62.225B	S82.491A
M84.573K	S62.320K	S89.392K	S52.131C	S62.226B	S82.492A
M84.574K	S62.321K	S89.399K	S52.131E	S62.231B	S82.499A
M84.575K	S62.322K	S92.001K	S52.131F	S62.232B	S82.861A
M84.576K	S62.323K	S92.002K	S52.131H	S62.233B	S82.862A
M84.58xK	S62.324K	S92.009K	S52.131J	S62.234B	S82.863A
M84.60xK	S62.325K	S92.011K	S52.131M	S62.235B	S82.864A
M84.611K	S62.326K	S92.012K	S52.131N	S62.236B	S82.865A
M84.612K	S62.327K	S92.013K	S52.131Q	S62.291B	S82.866A
M84.619K	S62.328K	S92.014K	S52.131R	S62.309B	S82.201A
M84.621K	S62.329K	S92.015K	S52.131S	S62.310B	S82.401A
M84.622K	S62.330K	S92.016K	S52.132B	S62.311B	S82.202A
M84.629K	S62.331K	S92.021K	S52.132C	S62.312B	S82.402A
M84.631K	S62.332K	S92.022K	S52.132E	S62.313B	S82.201B
M84.632K	S62.333K	S92.023K	S52.132F	S62.314B	S82.201C
M84.633K	S62.334K	S92.024K	S52.132H	S62.315B	S82.202B
M84.634K	S62.335K	S92.025K	S52.132J	S62.316B	S82.202C
M84.639K	S62.336K	S92.026K	S52.132M	S62.317B	S82.209B
M84.641K	S62.337K	S92.031K	S52.132N	S62.318B	S82.209C
M84.642K	S62.338K	S92.032K	S52.132Q	S62.319B	S82.221B
M84.649K	S62.339K	S92.033K	S52.132R	S62.340B	S82.221C
M84.650K	S62.340K	S92.034K	S52.132S	S62.341B	S82.222B
M84.651K	S62.341K	S92.035K	S52.133B	S62.342B	S82.222C
M84.652K	S62.342K	S92.036K	S52.133C	S62.343B	S82.223B
M84.653K	S62.343K	S92.041K	S52.133E	S62.344B	S82.223C
M84.659K	S62.344K	S92.042K	S52.133F	S62.345B	S82.224B
M84.661K	S62.345K	S92.043K	S52.133H	S62.346B	S82.224C
M84.662K	S62.346K	S92.044K	S52.133J	S62.347B	S82.225B
M84.663K	S62.347K	S92.045K	S52.133M	S62.348B	S82.225C
M84.664K	S62.348K	S92.046K	S52.133N	S62.349B	S82.226B
M84.669K	S62.349K	S92.051K	S52.133Q	S62.399B	S82.226C
M84.671K	S62.350K	S92.052K	S52.133R	S62.399S	S82.231B
M84.672K	S62.351K	S92.053K	S52.133S	S62.241B	S82.231C
M84.673K	S62.352K	S92.054K	S52.134B	S62.242B	S82.232B
M84.674K	S62.353K	S92.055K	S52.134C	S62.243B	S82.232C
M84.675K	S62.354K	S92.056K	S52.134E	S62.244B	S82.233B
M84.676K	S62.355K	S92.061K	S52.134F	S62.245B	S82.233C
M84.68xK	S62.356K	S92.062K	S52.134H	S62.246B	S82.234B
S02.0xxK	S62.357K	S92.063K	S52.134J	S62.309B	S82.234C
S02.10xK	S62.358K	S92.064K	S52.134M	S62.320B	S82.235B

S02.110K	S62.359K	S92.065K	S52.134N	S62.321B	S82.235C
S02.111K	S62.360K	S92.066K	S52.134Q	S62.322B	S82.236B
S02.112K	S62.361K	S92.101K	S52.134R	S62.323B	S82.236C
S02.113K	S62.362K	S92.102K	S52.134S	S62.324B	S82.241B
S02.118K	S62.363K	S92.109K	S52.135B	S62.325B	S82.241C
S02.119K	S62.364K	S92.111K	S52.135C	S62.326B	S82.242B
S02.19xK	S62.365K	S92.112K	S52.135S	S62.327B	S82.242C
S02.2xxK	S62.366K	S92.113K	S52.136B	S62.328B	S82.243B
S02.3xxK	S62.367K	S92.114K	S52.136C	S62.329B	S82.243C
S02.400K	S62.368K	S92.115K	S52.136S	S62.350B	S82.244B
S02.401K	S62.369K	S92.116K	S52.101B	S62.351B	S82.244C
S02.402K	S62.390K	S92.121K	S52.101C	S62.352B	S82.245B
S02.411K	S62.391K	S92.122K	S52.101E	S62.353B	S82.245C
S02.412K	S62.392K	S92.123K	S52.101F	S62.354B	S82.246B
S02.413K	S62.393K	S92.124K	S52.101H	S62.355B	S82.246C
S02.42xK	S62.394K	S92.125K	S52.101J	S62.356B	S82.251B
S02.5xxK	S62.395K	S92.126K	S52.101M	S62.357B	S82.251C
S02.600K	S62.396K	S92.131K	S52.101N	S62.358B	S82.252B
S02.609K	S62.397K	S92.132K	S52.101Q	S62.358S	S82.252C
S02.61xK	S62.398K	S92.133K	S52.101R	S62.359B	S82.253B
S02.62xK	S62.399K	S92.134K	S52.101S	S62.359S	S82.253C
S02.63xK	S62.501K	S92.135K	S52.102B	S62.399B	S82.254B
S02.64xK	S62.502K	S92.136K	S52.102C	S62.251B	S82.254C
S02.65xK	S62.509K	S92.141K	S52.102E	S62.252B	S82.255B
S02.66xK	S62.511K	S92.142K	S52.102F	S62.253B	S82.255C
S02.67xK	S62.512K	S92.143K	S52.102H	S62.254B	S82.256B
S02.69xK	S62.513K	S92.144K	S52.102S	S62.255B	S82.256C
S02.8xxK	S62.514K	S92.145K	S52.109B	S62.256B	S82.261B
S02.91xK	S62.515K	S92.146K	S52.109C	S62.330B	S82.261C
S02.92xK	S62.516K	S92.151K	S52.109H	S62.331B	S82.262B
S12.000K	S62.521K	S92.152K	S52.109J	S62.332B	S82.262C
S12.001K	S62.522K	S92.153K	S52.109M	S62.333B	S82.263B
S12.01xK	S62.523K	S92.154K	S52.109N	S62.334B	S82.263C
S12.02xK	S62.524K	S92.155K	S52.109Q	S62.335B	S82.264B
S12.030K	S62.525K	S92.156K	S52.109R	S62.336B	S82.264C
S12.031K	S62.526K	S92.191K	S52.109S	S62.337B	S82.265B
S12.040K	S62.600K	S92.192K	S52.181B	S62.338B	S82.265C
S12.041K	S62.601K	S92.199K	S52.181C	S62.338D	S82.266B
S12.090K	S62.602K	S92.201K	S52.181S	S62.338G	S82.266C
S12.091K	S62.603K	S92.202K	S52.182B	S62.338K	S82.291B
S12.100K	S62.604K	S92.209K	S52.182C	S62.338P	S82.291C
S12.101K	S62.605K	S92.211K	S52.182F	S62.338S	S82.292B
S12.110K	S62.606K	S92.212K	S52.182H	S62.339B	S82.292C
S12.111K	S62.607K	S92.213K	S52.182J	S62.339D	S82.299B
S12.112K	S62.608K	S92.214K	S52.182M	S62.339G	S82.299C
S12.120K	S62.609K	S92.215K	S52.182N	S62.339K	S82.401B
S12.121K	S62.610K	S92.216K	S52.182Q	S62.339P	S82.401C
S12.130K	S62.611K	S92.221K	S52.182R	S62.339S	S82.402B
S12.131K	S62.612K	S92.222K	S52.182S	S62.360B	S82.402C
S12.14xK	S62.613K	S92.223K	S52.189B	S62.361B	S82.409B
S12.150K	S62.614K	S92.224K	S52.189C	S62.362B	S82.409C
S12.151K	S62.615K	S92.225K	S52.189E	S62.363B	S82.421B

S12.190K	S62.616K	S92.226K	S52.189F	S62.364B	S82.421C
S12.191K	S62.617K	S92.231K	S52.189H	S62.365B	S82.422B
S12.200K	S62.618K	S92.232K	S52.189J	S62.366B	S82.422C
S12.201K	S62.619K	S92.233K	S52.189M	S62.367B	S82.423B
S12.230K	S62.620K	S92.234K	S52.189N	S62.368B	S82.423C
S12.231K	S62.621K	S92.235K	S52.189Q	S62.368K	S82.424B
S12.24xK	S62.622K	S92.236K	S52.189R	S62.368P	S82.424C
S12.250K	S62.623K	S92.241K	S52.189S	S62.368S	S82.425B
S12.251K	S62.624K	S92.242K	S52.009B	S62.369B	S82.425C
S12.290K	S62.625K	S92.243K	S52.109C	S62.369D	S82.426B
S12.291K	S62.626K	S92.244K	S52.009B	S62.369S	S82.426C
S12.300K	S62.627K	S92.245K	S52.109B	S62.291B	S82.431B
S12.301K	S62.628K	S92.246K	S52.009C	S62.292B	S82.431C
S12.330K	S62.629K	S92.251K	S52.109B	S62.299B	S82.432B
S12.331K	S62.630K	S92.252K	S52.009C	S62.299S	S82.432C
S12.34xK	S62.631K	S92.253K	S52.90xA	S62.300B	S82.433B
S12.350K	S62.632K	S92.254K	S52.91xA	S62.301B	S82.433C
S12.351K	S62.633K	S92.255K	S52.92xA	S62.302B	S82.434B
S12.390K	S62.634K	S92.256K	S52.301A	S62.303B	S82.434C
S12.391K	S62.635K	S92.301K	S52.302A	S62.304B	S82.435B
S12.400K	S62.636K	S92.302K	S52.309A	S62.305B	S82.435C
S12.401K	S62.637K	S92.309K	S52.311A	S62.306B	S82.436B
S12.430K	S62.638K	S92.311K	S52.312A	S62.307B	S82.436C
S12.431K	S62.639K	S92.312K	S52.319A	S62.308B	S82.441B
S12.44xK	S62.640K	S92.313K	S52.321A	S62.309B	S82.441C
S12.450K	S62.641K	S92.314K	S52.322A	S62.309S	S82.442B
S12.451K	S62.642K	S92.315K	S52.323A	S62.338B	S82.442C
S12.490K	S62.643K	S92.316K	S52.324A	S62.390B	S82.443B
S12.491K	S62.644K	S92.321K	S52.325A	S62.391B	S82.443C
S12.500K	S62.645K	S92.322K	S52.326A	S62.392B	S82.444B
S12.501K	S62.646K	S92.323K	S52.331A	S62.393B	S82.444C
S12.530K	S62.647K	S92.324K	S52.332A	S62.394B	S82.445B
S12.531K	S62.648K	S92.325K	S52.333A	S62.395B	S82.445C
S12.54xK	S62.649K	S92.326K	S52.334A	S62.396B	S82.446B
S12.550K	S62.650K	S92.331K	S52.335A	S62.397B	S82.446C
S12.551K	S62.651K	S92.332K	S52.336A	S62.398B	S82.451B
S12.590K	S62.652K	S92.333K	S52.341A	S62.398D	S82.451C
S12.591K	S62.653K	S92.334K	S52.342A	S62.399B	S82.452B
S12.600K	S62.654K	S92.335K	S52.343A	S62.501A	S82.452C
S12.601K	S62.655K	S92.336K	S52.344A	S62.502A	S82.453B
S12.630K	S62.656K	S92.341K	S52.345A	S62.509A	S82.453C
S12.631K	S62.657K	S92.342K	S52.346A	S62.600A	S82.454B
S12.64xK	S62.658K	S92.343K	S52.351A	S62.601A	S82.454C
S12.650K	S62.659K	S92.344K	S52.352A	S62.602A	S82.455B
S12.651K	S62.660K	S92.345K	S52.353A	S62.603A	S82.455C
S12.690K	S62.661K	S92.346K	S52.354A	S62.604A	S82.456B
S12.691K	S62.662K	S92.351K	S52.355A	S62.605A	S82.456C
S22.000K	S62.663K	S92.352K	S52.356A	S62.606A	S82.461B
S22.001K	S62.664K	S92.353K	S52.361A	S62.607A	S82.461C
S22.002K	S62.665K	S92.354K	S52.362A	S62.608A	S82.462B
S22.008K	S62.666K	S92.355K	S52.363A	S62.609A	S82.462C
S22.009K	S62.667K	S92.356K	S52.364A	S62.511A	S82.463B

S22.010K	S62.668K	S92.401K	S52.365A	S62.512A	S82.463C
S22.011K	S62.669K	S92.402K	S52.366A	S62.513A	S82.464B
S22.012K	S62.90xK	S92.403K	S52.371A	S62.514A	S82.464C
S22.018K	S62.91xK	S92.404K	S52.372A	S62.515A	S82.465B
S22.019K	S62.92xK	S92.405K	S52.379A	S62.516A	S82.465C
S22.020K	S72.001K	S92.406K	S52.381A	S62.610A	S82.466B
S22.021K	S72.001M	S92.411K	S52.382A	S62.611A	S82.466C
S22.022K	S72.001N	S92.412K	S52.389A	S62.612A	S82.491B
S22.028K	S72.002K	S92.413K	S52.391A	S62.613A	S82.491C
S22.029K	S72.002M	S92.414K	S52.392A	S62.614A	S82.492B
S22.030K	S72.002N	S92.415K	S52.399A	S62.615A	S82.492C
S22.031K	S72.009K	S92.416K	S52.201A	S62.616A	S82.499B
S22.032K	S72.009M	S92.421K	S52.202A	S62.617A	S82.499C
S22.038K	S72.009N	S92.422K	S52.209A	S62.618A	S82.861B
S22.039K	S72.011K	S92.423K	S52.211A	S62.619A	S82.861C
S22.040K	S72.011M	S92.424K	S52.212A	S62.620A	S82.862B
S22.041K	S72.011N	S92.425K	S52.219A	S62.621A	S82.862C
S22.042K	S72.012K	S92.426K	S52.221A	S62.622A	S82.863B
S22.048K	S72.012M	S92.491K	S52.222A	S62.623A	S82.863C
S22.049K	S72.012N	S92.492K	S52.223A	S62.624A	S82.864B
S22.050K	S72.019K	S92.499K	S52.224A	S62.625A	S82.864C
S22.051K	S72.019M	S92.501K	S52.225A	S62.626A	S82.865B
S22.052K	S72.019N	S92.502K	S52.226A	S62.627A	S82.865C
S22.058K	S72.021K	S92.503K	S52.231A	S62.628A	S82.866B
S22.059K	S72.021M	S92.504K	S52.232A	S62.629A	S82.866C
S22.060K	S72.021N	S92.505K	S52.233A	S62.640A	S82.201B
S22.061K	S72.022K	S92.506K	S52.234A	S62.641A	S82.402B
S22.062K	S72.022M	S92.511K	S52.235A	S62.642A	S82.201B
S22.068K	S72.022N	S92.512K	S52.236A	S62.643A	S82.202B
S22.069K	S72.023K	S92.513K	S52.241A	S62.644A	S82.202B
S22.070K	S72.023M	S92.514K	S52.242A	S62.645A	S82.401B
S22.071K	S72.023N	S92.515K	S52.243A	S62.646A	S82.401B
S22.072K	S72.024K	S92.516K	S52.244A	S62.647A	S82.402B
S22.078K	S72.024M	S92.521K	S52.245A	S62.648A	S82.161A
S22.079K	S72.024N	S92.522K	S52.246A	S62.649A	S82.162A
S22.080K	S72.025K	S92.523K	S52.251A	S62.650A	S82.169A
S22.081K	S72.025M	S92.524K	S52.252A	S62.651A	S82.311A
S22.082K	S72.025N	S92.525K	S52.253A	S62.652A	S82.312A
S22.088K	S72.026K	S92.526K	S52.254A	S62.653A	S82.319A
S22.089K	S72.026M	S92.531K	S52.255A	S62.654A	S82.811A
S22.20xK	S72.026N	S92.532K	S52.256A	S62.655A	S82.812A
S22.21xK	S72.031K	S92.533K	S52.261A	S62.656A	S82.819A
S22.22xK	S72.031M	S92.534K	S52.262A	S62.657A	S82.821A
S22.23xK	S72.031N	S92.535K	S52.263A	S62.658A	S82.822A
S22.24xK	S72.032K	S92.536K	S52.264A	S62.659A	S82.829A
S22.31xK	S72.032M	S92.591K	S52.265A	S62.521A	S82.161A
S22.32xK	S72.032N	S92.592K	S52.266A	S62.522A	S82.811A
S22.39xK	S72.033K	S92.599K	S52.281A	S62.523A	S82.162A
S22.41xK	S72.033M	S92.901K	S52.282A	S62.524A	S82.812A
S22.42xK	S72.033N	S92.902K	S52.283A	S62.525A	S82.311A
S22.43xK	S72.034K	S92.909K	S52.291A	S62.526A	S82.821A
S22.49xK	S72.034M	S92.911K	S52.292A	S62.630A	S82.312A

S22.5xxK	S72.034N	S92.912K	S52.299A	S62.631A	S82.822A
S22.9xxK	S72.035K	S92.919K	S52.209A	S62.632A	S82.101A
S32.000K	S72.035M	S22.39xA	S52.309A	S62.633A	S82.109A
S32.001K	S72.035N	S22.31xA	S52.391B	S62.634A	S82.191A
S32.002K	S72.036K	S22.32xA	S52.391C	S62.635A	S82.192A
S32.008K	S72.036M	S22.39xA	S52.391E	S62.636A	S82.201A
S32.009K	S72.036N	S22.41xA	S52.391F	S62.637A	S82.202A
S32.010K	S72.041K	S22.42xA	S52.391H	S62.638A	S82.209A
S32.011K	S72.041M	S22.43xA	S52.391J	S62.639A	S82.401A
S32.012K	S72.041N	S22.49xA	S52.391M	S62.660A	S82.402A
S32.018K	S72.042K	S22.41xA	S52.391N	S62.661A	S82.409A
S32.019K	S72.042M	S22.42xA	S52.391Q	S62.662A	S82.201A
S32.020K	S72.042N	S22.43xA	S52.391R	S62.663A	S82.401A
S32.021K	S72.043K	S22.49xA	S52.391S	S62.664A	S82.202A
S32.022K	S72.043M	S32.401A	S52.392B	S62.665A	S82.402A
S32.028K	S72.043N	S32.402A	S52.392C	S62.666A	S82.101B
S32.029K	S72.044K	S32.409A	S52.392S	S62.667A	S82.101C
S32.030K	S72.044M	S32.411A	S52.399B	S62.668A	S82.109B
S32.031K	S72.044N	S32.412A	S52.399C	S62.669A	S82.109C
S32.032K	S72.045K	S32.413A	S52.399S	S62.90xA	S82.191B
S32.038K	S72.045M	S32.414A	S52.90xB	S62.91xA	S82.191C
S32.039K	S72.045N	S32.415A	S52.90xC	S62.92xA	S82.192B
S32.040K	S72.046K	S32.416A	S52.90xS	S62.305B	S82.192C
S32.041K	S72.046M	S32.421A	S52.91xB	S62.306B	S82.192M
S32.042K	S72.046N	S32.422A	S52.91xC	S62.307B	S82.192N
S32.048K	S72.051K	S32.423A	S52.91xS	S62.501B	S82.192S
S32.049K	S72.051M	S32.424A	S52.92xB	S62.502B	S82.199B
S32.050K	S72.051N	S32.425A	S52.92xC	S62.509B	S82.199C
S32.051K	S72.052K	S32.426A	S52.92xE	S62.600B	S82.199M
S32.052K	S72.052M	S32.431A	S52.92xF	S62.601B	S82.199N
S32.058K	S72.052N	S32.432A	S52.92xH	S62.602B	S82.199S
S32.059K	S72.059K	S32.433A	S52.92xS	S62.603B	S82.201B
S32.10xK	S72.059M	S32.434A	S52.301B	S62.604B	S82.201C
S32.110K	S72.059N	S32.435A	S52.301C	S62.605B	S82.202B
S32.111K	S72.061K	S32.436A	S52.301S	S62.606B	S82.202C
S32.112K	S72.061M	S32.441A	S52.302B	S62.607B	S82.209B
S32.119K	S72.061N	S32.442A	S52.302C	S62.608B	S82.209C
S32.120K	S72.062K	S32.443A	S52.302S	S62.609B	S82.301B
S32.121K	S72.062M	S32.444A	S52.309B	S62.511B	S82.301C
S32.122K	S72.062N	S32.445A	S52.309C	S62.512B	S82.302B
S32.129K	S72.063K	S32.446A	S52.309S	S62.513B	S82.302C
S32.130K	S72.063M	S32.451A	S52.321B	S62.514B	S82.309B
S32.131K	S72.063N	S32.452A	S52.321C	S62.515B	S82.309C
S32.132K	S72.064K	S32.453A	S52.322B	S62.516B	S82.391B
S32.139K	S72.064M	S32.454A	S52.322C	S62.607B	S82.391C
S32.14xK	S72.064N	S32.455A	S52.323B	S62.610B	S82.391E
S32.15xK	S72.065K	S32.456A	S52.323C	S62.611B	S82.391F
S32.16xK	S72.065M	S32.461A	S52.324B	S62.612B	S82.391H
S32.17xK	S72.065N	S32.462A	S52.324C	S62.613B	S82.391J
S32.19xK	S72.066K	S32.463A	S52.325B	S62.614B	S82.391M
S32.2xxK	S72.066M	S32.464A	S52.325C	S62.615B	S82.391N
S32.301K	S72.066N	S32.465A	S52.326B	S62.616B	S82.391Q

S32.302K	S72.091K	S32.466A	S52.326C	S62.617B	S82.391R
S32.309K	S72.091M	S32.471A	S52.331B	S62.618B	S82.391S
S32.311K	S72.091N	S32.472A	S52.331C	S62.619B	S82.392B
S32.312K	S72.092K	S32.473A	S52.332B	S62.620B	S82.392C
S32.313K	S72.092M	S32.474A	S52.332C	S62.621B	S82.392E
S32.314K	S72.092N	S32.475A	S52.333B	S62.622B	S82.392J
S32.315K	S72.099K	S32.476A	S52.333C	S62.623B	S82.392M
S32.316K	S72.099M	S32.481A	S52.334B	S62.624B	S82.392S
S32.391K	S72.099N	S32.482A	S52.334C	S62.625B	S82.399S
S32.392K	S72.101K	S32.483A	S52.335B	S62.626B	S82.401B
S32.399K	S72.101M	S32.484A	S52.335C	S62.627B	S82.401C
S32.401K	S72.101N	S32.485A	S52.336B	S62.628B	S82.402B
S32.402K	S72.102K	S32.486A	S52.336C	S62.629B	S82.402C
S32.409K	S72.102M	S32.491A	S52.341B	S62.640B	S82.409B
S32.411K	S72.102N	S32.492A	S52.341C	S62.641B	S82.409C
S32.412K	S72.109K	S32.499A	S52.342B	S62.642B	S82.831B
S32.413K	S72.109M	S32.401B	S52.342C	S62.643B	S82.831C
S32.414K	S72.109N	S32.402B	S52.343B	S62.644B	S82.832B
S32.415K	S72.111K	S32.409B	S52.343C	S62.645B	S82.832C
S32.416K	S72.111M	S32.411B	S52.344B	S62.646B	S82.839B
S32.421K	S72.111N	S32.412B	S52.344C	S62.647B	S82.839C
S32.422K	S72.112K	S32.413B	S52.345B	S62.648B	S82.201B
S32.423K	S72.112M	S32.414B	S52.345C	S62.649B	S82.401B
S32.424K	S72.112N	S32.415B	S52.346B	S62.650B	S82.202B
S32.425K	S72.113K	S32.416B	S52.346C	S62.651B	S82.402B
S32.426K	S72.113M	S32.421B	S52.351B	S62.652B	S82.51xA
S32.431K	S72.113N	S32.422B	S52.351C	S62.653B	S82.52xA
S32.432K	S72.114K	S32.423B	S52.352B	S62.654B	S82.53xA
S32.433K	S72.114M	S32.424B	S52.352C	S62.655B	S82.54xA
S32.434K	S72.114N	S32.425B	S52.353B	S62.656B	S82.55xA
S32.435K	S72.115K	S32.426B	S52.353C	S62.657B	S82.56xA
S32.436K	S72.115M	S32.431B	S52.354B	S62.658B	S82.871A
S32.441K	S72.115N	S32.432B	S52.354C	S62.659B	S82.872A
S32.442K	S72.116K	S32.433B	S52.355B	S62.501B	S82.873A
S32.443K	S72.116M	S32.434B	S52.355C	S62.502B	S82.874A
S32.444K	S72.116N	S32.435B	S52.356B	S62.509B	S82.875A
S32.445K	S72.121K	S32.436B	S52.356C	S62.521B	S82.876A
S32.446K	S72.121M	S32.441B	S52.361B	S62.522B	S82.51xB
S32.451K	S72.121N	S32.442B	S52.361C	S62.523B	S82.51xC
S32.452K	S72.122K	S32.443B	S52.362B	S62.524B	S82.52xB
S32.453K	S72.122M	S32.444B	S52.362C	S62.525B	S82.52xC
S32.454K	S72.122N	S32.445B	S52.363B	S62.526B	S82.52xE
S32.455K	S72.123K	S32.446B	S52.363C	S62.600B	S82.52xF
S32.456K	S72.123M	S32.451B	S52.364B	S62.603B	S82.52xH
S32.461K	S72.123N	S32.452B	S52.364C	S62.604B	S82.52xJ
S32.462K	S72.124K	S32.453B	S52.365B	S62.605B	S82.52xM
S32.463K	S72.124M	S32.454B	S52.365C	S62.606B	S82.52xN
S32.464K	S72.124N	S32.455B	S52.366B	S62.607B	S82.52xQ
S32.465K	S72.125K	S32.456B	S52.366C	S62.608B	S82.52xR
S32.466K	S72.125M	S32.461B	S52.371B	S62.609B	S82.52xS
S32.471K	S72.125N	S32.462B	S52.371C	S62.630B	S82.53xB
S32.472K	S72.126K	S32.463B	S52.372B	S62.631B	S82.53xC

S32.473K	S72.126M	S32.464B	S52.372C	S62.632B	S82.53xE
S32.474K	S72.126N	S32.465B	S52.379B	S62.633B	S82.53xF
S32.475K	S72.131K	S32.466B	S52.379C	S62.634B	S82.53xH
S32.476K	S72.131M	S32.471B	S52.381B	S62.635B	S82.53xM
S32.481K	S72.131N	S32.472B	S52.381C	S62.636B	S82.53xN
S32.482K	S72.132K	S32.473B	S52.382B	S62.637B	S82.53xQ
S32.483K	S72.132M	S32.474B	S52.382C	S62.638B	S82.53xS
S32.484K	S72.132N	S32.475B	S52.389B	S62.639B	S82.54xB
S32.485K	S72.133K	S32.476B	S52.389C	S62.660B	S82.54xC
S32.486K	S72.133M	S32.481B	S52.391B	S62.661B	S82.54xS
S32.491K	S72.133N	S32.482B	S52.391C	S62.662B	S82.55xB
S32.492K	S72.134K	S32.483B	S52.391S	S62.663B	S82.55xC
S32.499K	S72.134M	S32.484B	S52.392B	S62.664B	S82.55xS
S32.501K	S72.134N	S32.485B	S52.392C	S62.665B	S82.56xB
S32.502K	S72.135K	S32.486B	S52.392S	S62.666B	S82.56xC
S32.509K	S72.135M	S32.491B	S52.399B	S62.667B	S82.56xS
S32.511K	S72.135N	S32.492B	S52.399C	S62.668B	S82.871B
S32.512K	S72.136K	S32.499B	S52.399S	S62.669B	S82.871C
S32.519K	S72.136M	S32.501A	S52.201B	S62.501B	S82.872B
S32.591K	S72.136N	S32.502A	S52.201C	S62.502B	S82.872C
S32.592K	S72.141K	S32.509A	S52.201E	S62.509B	S82.873B
S32.599K	S72.141M	S32.511A	S52.201F	S62.600B	S82.873C
S32.601K	S72.141N	S32.512A	S52.201H	S62.601B	S82.874B
S32.602K	S72.142K	S32.519A	S52.201J	S62.602B	S82.874C
S32.609K	S72.142M	S32.591A	S52.201M	S62.603B	S82.875B
S32.611K	S72.142N	S32.592A	S52.201N	S62.604B	S82.875C
S32.612K	S72.143K	S32.599A	S52.201S	S62.605B	S82.876B
S32.613K	S72.143M	S32.501B	S52.202B	S62.606B	S82.876C
S32.614K	S72.143N	S32.501S	S52.202C	S62.608B	S82.61xA
S32.615K	S72.144K	S32.502B	S52.202S	S62.609B	S82.62xA
S32.616K	S72.144M	S32.502S	S52.209B	S62.90xB	S82.63xA
S32.691K	S72.144N	S32.509B	S52.209C	S62.91xB	S82.64xA
S32.692K	S72.145K	S32.509S	S52.209S	S62.92xB	S82.65xA
S32.699K	S72.145M	S32.511B	S52.221B	S72.001A	S82.66xA
S32.810K	S72.145N	S32.511S	S52.221C	S72.002A	S82.61xB
S32.811K	S72.146K	S32.512B	S52.222B	S72.009A	S82.61xC
S32.82xK	S72.146M	S32.519B	S52.222C	S72.011A	S82.61xE
S32.89xK	S72.146N	S32.519S	S52.223B	S72.012A	S82.61xF
S32.9xxK	S72.21xK	S32.591B	S52.223C	S72.019A	S82.61xH
S42.001K	S72.21xM	S32.592B	S52.224B	S72.001A	S82.61xJ
S42.002K	S72.21xN	S32.599B	S52.224C	S72.002A	S82.61xM
S42.009K	S72.22xK	S32.301A	S52.225B	S72.009A	S82.61xN
S42.011K	S72.22xM	S32.302A	S52.225C	S72.021A	S82.61xQ
S42.012K	S72.22xN	S32.309A	S52.226B	S72.022A	S82.61xR
S42.013K	S72.23xK	S32.311A	S52.226C	S72.023A	S82.61xS
S42.014K	S72.23xM	S32.312A	S52.231B	S72.024A	S82.62xB
S42.015K	S72.23xN	S32.313A	S52.231C	S72.025A	S82.62xC
S42.016K	S72.24xK	S32.314A	S52.232B	S72.026A	S82.62xE
S42.017K	S72.24xM	S32.315A	S52.232C	S79.001A	S82.62xF
S42.018K	S72.24xN	S32.316A	S52.233B	S79.002A	S82.62xH
S42.019K	S72.25xK	S32.391A	S52.233C	S79.009A	S82.62xJ
S42.021K	S72.25xM	S32.392A	S52.234B	S79.011A	S82.62xM

S42.022K	S72.25xN	S32.399A	S52.234C	S79.012A	S82.62xN
S42.023K	S72.26xK	S32.601A	S52.235B	S79.019A	S82.62xQ
S42.024K	S72.26xM	S32.602A	S52.235C	S79.091A	S82.62xR
S42.025K	S72.26xN	S32.609A	S52.236B	S79.092A	S82.62xS
S42.026K	S72.301K	S32.611A	S52.236C	S79.099A	S82.63xB
S42.031K	S72.301M	S32.612A	S52.241B	S72.001A	S82.63xC
S42.032K	S72.301N	S32.613A	S52.241C	S72.002A	S82.63xE
S42.033K	S72.302K	S32.614A	S52.242B	S72.009A	S82.63xF
S42.034K	S72.302M	S32.615A	S52.242C	S72.031A	S82.63xH
S42.035K	S72.302N	S32.616A	S52.243B	S72.032A	S82.63xJ
S42.036K	S72.309K	S32.691A	S52.243C	S72.033A	S82.63xM
S42.101K	S72.309M	S32.692A	S52.244B	S72.034A	S82.63xN
S42.102K	S72.309N	S32.699A	S52.244C	S72.035A	S82.63xQ
S42.109K	S72.321K	S32.810A	S52.245B	S72.036A	S82.63xR
S42.111K	S72.321M	S32.811A	S52.245C	S72.041A	S82.63xS
S42.112K	S72.321N	S32.82xA	S52.246B	S72.042A	S82.64xB
S42.113K	S72.322K	S32.89xA	S52.246C	S72.043A	S82.64xC
S42.114K	S72.322M	S32.9xxA	S52.251B	S72.044A	S82.64xE
S42.115K	S72.322N	S32.301B	S52.251C	S72.045A	S82.64xF
S42.116K	S52.516M	S32.301S	S52.252B	S72.046A	S82.64xN
S42.121K	S72.323K	S32.302B	S52.252C	S72.001A	S82.64xS
S42.122K	S72.323M	S32.302S	S52.253B	S72.002A	S82.65xB
S42.123K	S72.323N	S32.309B	S52.253C	S72.009A	S82.65xC
S42.124K	S72.324K	S32.309S	S52.254B	S72.051A	S82.65xE
S42.125K	S72.324M	S32.311B	S52.254C	S72.052A	S82.65xF
S42.126K	S72.324N	S32.312B	S52.255B	S72.059A	S82.65xH
S42.131K	S72.325K	S32.313B	S52.255C	S72.061A	S82.65xJ
S42.132K	S72.325M	S32.314B	S52.256B	S72.062A	S82.65xS
S42.133K	S72.325N	S32.315B	S52.256C	S72.063A	S82.66xB
S42.134K	S72.326K	S32.316B	S52.261B	S72.064A	S82.66xC
S42.135K	S72.326M	S32.391B	S52.261C	S72.065A	S82.841A
S42.136K	S72.326N	S32.391S	S52.262B	S72.066A	S82.842A
S42.141K	S72.331K	S32.392B	S52.262C	S72.091A	S82.843A
S42.142K	S72.331M	S32.392S	S52.263B	S72.092A	S82.844A
S42.143K	S72.331N	S32.399B	S52.263C	S72.099A	S82.845A
S42.144K	S72.332K	S32.399S	S52.264B	S72.011B	S82.846A
S42.145K	S72.332M	S32.601B	S52.264C	S72.011C	S82.841B
S42.146K	S72.332N	S32.601S	S52.265B	S72.012B	S82.841C
S42.151K	S72.333K	S32.602B	S52.265C	S72.012C	S82.841J
S42.152K	S72.333M	S32.602S	S52.266B	S72.019B	S82.841M
S42.153K	S72.333N	S32.609B	S52.266C	S72.019C	S82.841N
S42.154K	S72.334K	S32.609S	S52.281B	S72.021B	S82.841Q
S42.155K	S72.334M	S32.611B	S52.281C	S72.021C	S82.841R
S42.156K	S72.334N	S32.612B	S52.282B	S72.022B	S82.841S
S42.191K	S72.335K	S32.613B	S52.282C	S72.022C	S82.842B
S42.192K	S72.335M	S32.614B	S52.283B	S72.023B	S82.842C
S42.199K	S72.335N	S32.615B	S52.283C	S72.023C	S82.842E
S42.201K	S72.336K	S32.616B	S52.291B	S72.024B	S82.842F
S42.202K	S72.336M	S32.691B	S52.291C	S72.024C	S82.842H
S42.209K	S72.336N	S32.692B	S52.292B	S72.025B	S82.842J
S42.211K	S72.341K	S32.699B	S52.292C	S72.025C	S82.842M
S42.212K	S72.341M	S32.810B	S52.292S	S72.026B	S82.842N

S42.213K	S72.341N	S32.810S	S52.299B	S72.026C	S82.842Q
S42.214K	S72.342K	S32.811B	S52.299C	S72.031B	S82.842R
S42.215K	S72.342M	S32.811S	S52.299S	S72.031C	S82.842S
S42.216K	S72.342N	S32.82xB	S52.90xC	S72.032B	S82.843B
S42.221K	S72.343K	S32.82xB	S52.90xS	S72.032C	S82.843C
S42.222K	S72.343M	S32.89xB	S52.91xB	S72.033B	S82.843H
S42.223K	S72.343N	S32.89xS	S52.91xC	S72.033C	S82.843J
S42.224K	S72.344K	S32.9xxB	S52.92xB	S72.034B	S82.843M
S42.225K	S72.344M	S32.9xxA	S52.92xC	S72.034C	S82.843N
S42.226K	S72.344N	S32.10xB	S52.209B	S72.035B	S82.843Q
S42.231K	S72.345K	S32.89xB	S52.309C	S72.035C	S82.843R
S42.232K	S72.345M	S32.89xS	S52.209B	S72.036B	S82.843S
S42.239K	S72.345N	S32.9xxB	S52.309B	S72.036C	S82.844B
S42.241K	S72.346K	S42.001A	S52.209C	S72.041B	S82.844C
S42.242K	S72.346M	S42.002A	S52.309B	S72.041C	S82.844E
S42.249K	S72.346N	S42.009A	S52.209C	S72.041E	S82.844F
S42.251K	S72.351K	S42.011A	S52.309C	S72.041F	S82.844H
S42.252K	S72.351M	S42.012A	S52.90xA	S72.041H	S82.844J
S42.253K	S72.351N	S42.013A	S52.91xA	S72.041J	S82.844M
S42.254K	S72.352K	S42.014A	S52.92xA	S72.041M	S82.844N
S42.255K	S72.352M	S42.015A	S52.531A	S72.041N	S82.844S
S42.256K	S72.352N	S42.016A	S52.532A	S72.041Q	S82.845B
S42.261K	S72.353K	S42.017A	S52.539A	S72.041R	S82.845C
S42.262K	S72.353M	S42.018A	S52.501A	S72.041S	S82.845S
S42.263K	S72.353N	S42.019A	S52.502A	S72.042B	S82.846B
S42.264K	S72.354K	S42.021A	S52.509A	S72.042C	S82.846C
S42.265K	S72.354M	S42.022A	S52.511A	S72.042E	S82.846S
S42.266K	S72.354N	S42.023A	S52.512A	S72.042F	S82.851A
S42.271K	S72.355K	S42.024A	S52.513A	S72.042H	S82.852A
S42.272K	S72.355M	S42.025A	S52.514A	S72.042J	S82.853A
S42.279K	S72.355N	S42.026A	S52.515C	S72.042M	S82.854A
S42.291K	S72.356K	S82.209K	S52.516B	S72.042N	S82.855A
S42.292K	S72.356M	S42.031A	S52.516C	S72.042Q	S82.856A
S42.293K	S72.356N	S42.032A	S52.541B	S72.042R	S82.851B
S42.294K	S72.361K	S42.033A	S52.541C	S72.042S	S82.851C
S42.295K	S72.361M	S42.034A	S52.542B	S72.043B	S82.851E
S42.296K	S72.361N	S42.035A	S52.542C	S72.043C	S82.851F
S42.301K	S72.362K	S42.036A	S52.549B	S72.043E	S82.851H
S42.302K	S72.362M	S42.011B	S52.549C	S72.043F	S82.851J
S42.309K	S72.362N	S42.012B	S52.551B	S72.043H	S82.851M
S42.311K	S72.363K	S42.013B	S52.551C	S72.043J	S82.851N
S42.312K	S72.363M	S42.014B	S52.552B	S72.043M	S82.851Q
S42.319K	S72.363N	S42.015B	S52.552C	S72.043N	S82.851R
S42.321K	S72.364K	S42.016B	S52.559B	S72.043Q	S82.851S
S42.322K	S72.364M	S42.017B	S52.559C	S72.043S	S82.852B
S42.323K	S72.364N	S42.018B	S52.561B	S72.044B	S82.852C
S42.324K	S72.365K	S42.019B	S52.561C	S72.044C	S82.852E
S42.325K	S72.365M	S42.002B	S52.562B	S72.044M	S82.852F
S42.326K	S72.365N	S42.009B	S52.562C	S72.044N	S82.852H
S42.331K	S72.366K	S42.021B	S52.569B	S72.044S	S82.852J
S42.332K	S72.366M	S42.022B	S52.569C	S72.045B	S82.852M
S42.333K	S72.366N	S42.023B	S52.571B	S72.045C	S82.852N

S42.334K	S72.391K	S42.024B	S52.571C	S72.045M	S82.852Q
S42.335K	S72.391M	S42.025B	S52.572B	S72.045N	S82.852S
S42.336K	S72.391N	S42.026B	S52.572C	S72.045S	S82.853B
S42.341K	S72.392K	S42.001B	S52.579B	S72.046B	S82.853C
S42.342K	S72.392M	S42.002B	S52.579C	S72.046C	S82.853H
S42.343K	S72.392N	S42.009B	S52.591B	S72.046M	S82.853J
S42.344K	S72.399K	S42.031B	S52.591C	S72.046N	S82.853M
S42.345K	S72.399M	S42.032B	S52.592B	S72.046S	S82.853N
S42.346K	S72.399N	S42.033B	S52.592C	S72.001B	S82.853Q
S42.351K	S72.401K	S42.034B	S52.599B	S72.001C	S82.853R
S42.352K	S72.401M	S42.035B	S52.599C	S72.001E	S82.853S
S42.353K	S72.401N	S42.036B	S52.601B	S72.001F	S82.854B
S42.354K	S72.402K	S42.101A	S52.601C	S72.001H	S82.854C
S42.355K	S72.402M	S42.102A	S52.515A	S72.001J	S82.854E
S42.356K	S72.402N	S42.109A	S52.516A	S72.001M	S82.854F
S42.361K	S72.409K	S42.121A	S52.541A	S72.001N	S82.854H
S42.362K	S72.409M	S42.122A	S52.542A	S72.001Q	S82.854J
S42.363K	S72.409N	S42.123A	S52.549A	S72.001R	S82.854M
S42.364K	S72.411K	S42.124A	S52.551A	S72.001S	S82.854N
S42.365K	S72.411M	S42.125A	S52.552A	S72.002B	S82.854Q
S42.366K	S72.411N	S42.126A	S52.559A	S72.002C	S82.854S
S42.391K	S72.412K	S42.131A	S52.561A	S72.002E	S82.855B
S42.392K	S72.412M	S42.132A	S52.562A	S72.002F	S82.855C
S42.399K	S72.412N	S42.133A	S52.569A	S72.002J	S82.855S
S42.401K	S72.413K	S42.134A	S52.571A	S72.002M	S82.856B
S42.402K	S72.413M	S42.135A	S52.572A	S72.002N	S82.856C
S42.409K	S72.413N	S42.136A	S52.579A	S72.002Q	S82.856S
S42.411K	S72.414K	S42.141A	S52.591A	S72.002R	S82.301A
S42.412K	S72.414M	S42.142A	S52.592A	S72.002S	S82.302A
S42.413K	S72.414N	S42.143A	S52.599A	S72.009B	S82.309A
S42.414K	S72.415K	S42.144A	S59.201A	S72.009C	S82.391A
S42.415K	S72.415M	S42.145A	S59.202A	S72.009E	S82.392A
S42.416K	S72.415N	S42.146A	S59.209A	S72.009F	S82.399A
S42.421K	S72.416K	S42.151A	S59.211A	S72.009S	S82.891A
S42.422K	S72.416M	S42.152A	S59.212A	S72.051B	S82.892A
S42.423K	S72.416N	S42.153A	S59.219A	S72.051C	S82.899A
S42.424K	S72.421K	S42.154A	S59.221A	S72.052B	S89.101A
S42.425K	S72.421M	S42.155A	S59.222A	S72.052C	S89.102A
S42.426K	S72.421N	S42.156A	S59.229A	S72.059B	S89.109A
S42.431K	S72.422K	S42.111A	S59.231A	S72.059C	S89.111A
S42.432K	S72.422M	S42.112A	S59.232A	S72.061B	S89.112A
S42.433K	S72.422N	S42.113A	S59.239A	S72.061C	S89.119A
S42.434K	S72.423K	S42.114A	S59.241A	S72.062B	S89.121A
S42.435K	S72.423M	S42.115A	S59.242A	S72.062C	S89.122A
S42.436K	S72.423N	S42.116A	S59.249A	S72.063B	S89.129A
S42.441K	S72.424K	S42.191A	S59.291A	S72.063C	S89.131A
S42.442K	S72.424M	S42.192A	S59.292A	S72.064B	S89.132A
S42.443K	S72.424N	S42.199A	S59.299A	S72.064C	S89.139A
S42.444K	S72.425K	S42.101B	S52.601A	S72.065B	S89.141A
S42.445K	S72.425M	S42.101K	S52.602A	S72.065C	S89.142A
S42.446K	S72.425N	S42.101P	S52.609A	S72.066B	S89.149A
S42.447K	S72.426K	S42.102B	S52.611A	S72.066C	S89.191A

S42.448K	S72.426M	S42.102K	S52.612A	S72.091B	S89.192A
S42.449K	S72.426N	S42.102P	S52.613A	S72.091C	S89.199A
S42.451K	S72.431K	S42.102S	S52.614A	S72.092B	S89.301A
S42.452K	S72.431M	S42.109B	S52.615A	S72.092C	S89.302A
S42.453K	S72.431N	S42.109K	S52.616A	S72.099B	S89.309A
S42.454K	S72.432K	S42.109S	S52.691A	S72.099C	S89.311A
S42.455K	S72.432M	S42.111B	S52.692A	S72.001A	S89.312A
S42.456K	S72.432N	S42.111S	S52.699A	S72.002A	S89.319A
S42.461K	S72.433K	S42.112B	S59.001A	S72.009A	S89.321A
S42.462K	S72.433M	S42.112S	S59.002A	S72.101A	S89.322A
S42.463K	S72.433N	S42.113B	S59.009A	S72.102A	S89.329A
S42.464K	S72.434K	S42.113S	S59.011A	S72.109A	S89.391A
S42.465K	S72.434M	S42.114B	S59.012A	S72.111A	S89.392A
S42.466K	S72.434N	S42.114S	S59.019A	S72.112A	S89.399A
S42.471K	S72.435K	S42.115B	S59.021A	S72.113A	S82.301B
S42.472K	S72.435M	S42.115S	S59.022A	S72.114A	S82.301C
S42.473K	S72.435N	S42.116B	S59.029A	S72.115A	S82.301S
S42.474K	S72.436K	S42.116S	S59.031A	S72.116A	S82.302B
S42.475K	S72.436M	S42.191B	S59.032A	S72.121A	S82.302C
S42.476K	S72.436N	S42.191P	S59.039A	S72.122A	S82.302S
S42.481K	S72.441K	S42.191S	S59.041A	S72.123A	S82.309B
S42.482K	S72.441M	S42.192B	S59.042A	S72.124A	S82.309C
S42.489K	S72.441N	S42.192P	S59.049A	S72.125A	S82.309S
S42.491K	S72.442K	S42.192S	S59.091A	S72.126A	S82.391B
S42.492K	S72.442M	S42.199B	S59.092A	S72.131A	S82.391C
S42.493K	S72.442N	S42.199P	S59.099A	S72.132A	S82.392B
S42.494K	S72.443K	S42.199S	S52.609A	S72.133A	S82.392C
S42.495K	S72.443M	S42.101B	S52.509A	S72.134A	S82.399B
S42.496K	S72.443N	S42.102B	S52.111A	S72.135A	S82.399C
S42.90xK	S72.444K	S42.109B	S52.112A	S72.136A	S82.891B
S42.91xK	S72.444M	S42.121B	S52.119A	S72.001A	S82.891C
S42.92xK	S72.444N	S42.122B	S52.521A	S72.002A	S82.892B
S49.001K	S72.445K	S42.123B	S52.522A	S72.009A	S82.892C
S49.002K	S72.445M	S42.124B	S52.529A	S72.141A	S82.899B
S49.009K	S72.445N	S42.125B	S52.011A	S72.142A	S82.899C
S49.011K	S72.446K	S42.126B	S52.012A	S72.143A	S82.90xB
S49.012K	S72.446M	S42.101B	S52.019A	S72.144A	S82.90xS
S49.019K	S72.446N	S42.102B	S52.621A	S72.145A	S82.91xS
S49.021K	S72.451K	S42.109B	S52.622A	S72.146A	S82.92xS
S49.022K	S72.451M	S42.131B	S52.629A	S72.001A	S92.001A
S49.029K	S72.451N	S42.132B	S52.011A	S72.002A	S92.002A
S49.031K	S72.452K	S42.133B	S52.111A	S72.009A	S92.009A
S49.032K	S72.452M	S42.134B	S52.012A	S72.21xA	S92.011A
S49.039K	S72.452N	S42.135B	S52.112A	S72.22xA	S92.012A
S49.041K	S72.453K	S42.136B	S52.621A	S72.23xA	S92.013A
S49.042K	S72.453M	S42.191B	S52.521A	S72.24xA	S92.014A
S49.049K	S72.453N	S42.191S	S52.622A	S72.25xA	S92.015A
S49.091K	S72.454K	S42.192B	S52.522A	S72.26xA	S92.016A
S49.092K	S72.454M	S42.192S	S52.501B	S72.141B	S92.021A
S49.099K	S72.454N	S42.199B	S52.501C	S72.141C	S92.022A
S49.101K	S72.455K	S42.199S	S52.502B	S72.142B	S92.023A
S49.102K	S72.455M	S42.141B	S52.502C	S72.142C	S92.024A

S49.109K	S72.455N	S42.142B	S52.509B	S72.143B	S92.025A
S49.111K	S72.456K	S42.143B	S52.90xB	S72.143C	S92.026A
S49.112K	S72.456M	S42.144B	S52.90xC	S72.144B	S92.031A
S49.119K	S72.456N	S42.145B	S52.90xN	S72.144C	S92.032A
S49.121K	S72.461K	S42.146B	S52.90xQ	S72.145B	S92.033A
S49.122K	S72.461M	S42.151B	S52.90xR	S72.145C	S92.034A
S49.129K	S72.461N	S42.152B	S52.90xS	S72.146B	S92.035A
S49.131K	S72.462K	S42.153B	S52.91xB	S72.146C	S92.036A
S49.132K	S72.462M	S42.154B	S52.91xC	S72.21xB	S92.041A
S49.139K	S72.462N	S42.155B	S52.91xE	S72.21xC	S92.042A
S49.141K	S72.463K	S42.156B	S52.91xF	S72.22xB	S92.043A
S49.142K	S72.463M	S42.101B	S52.91xH	S72.22xC	S92.044A
S49.149K	S72.463N	S42.102B	S52.91xJ	S72.23xB	S92.045A
S49.191K	S72.464K	S42.109B	S52.91xM	S72.23xC	S92.046A
S49.192K	S72.464M	S42.111B	S52.91xN	S72.24xB	S92.051A
S49.199K	S72.464N	S42.112B	S52.91xQ	S72.24xC	S92.052A
S52.001K	S72.465K	S42.113B	S52.91xS	S72.25xB	S92.053A
S52.001M	S72.465M	S42.114B	S52.92xB	S72.25xC	S92.054A
S52.001N	S72.465N	S42.115B	S52.92xC	S72.26xB	S92.055A
S52.002K	S72.466K	S42.116B	S52.92xS	S72.26xC	S92.056A
S52.002M	S72.466M	S42.191B	S52.531B	S72.001A	S92.061A
S52.002N	S72.466N	S42.191S	S52.531C	S72.002A	S92.062A
S52.009K	S72.471K	S42.192B	S52.531E	S72.009A	S92.063A
S52.009M	S72.472K	S42.192S	S52.531F	S72.001B	S92.064A
S52.009N	S72.479K	S42.199B	S52.531H	S72.001C	S92.065A
S52.011K	S72.491K	S42.199S	S52.531J	S72.001E	S92.066A
S52.012K	S72.491M	S42.201A	S52.531M	S72.001F	S92.001B
S52.019K	S72.491N	S42.202A	S52.531N	S72.001H	S92.001S
S52.021K	S72.492K	S42.209A	S52.531Q	S72.001J	S92.002B
S52.021M	S72.492M	S42.211A	S52.531R	S72.001M	S92.002S
S52.021N	S72.492N	S42.212A	S52.532B	S72.001N	S92.009B
S52.022K	S72.499K	S42.213A	S52.532C	S72.001Q	S92.009S
S52.022M	S72.499M	S42.214A	S52.532E	S72.001R	S92.011B
S52.022N	S72.499N	S42.215A	S52.532F	S72.001S	S92.012B
S52.023K	S72.8X1K	S42.216A	S52.532H	S72.002B	S92.013B
S52.023M	S72.8X1M	S42.221A	S52.532J	S72.002C	S92.014B
S52.023N	S72.8X1N	S42.222A	S52.532M	S72.002E	S92.015B
S52.024K	S72.8X2K	S42.223A	S52.532N	S72.002F	S92.016B
S52.024M	S72.8X2M	S42.224A	S52.532Q	S72.002J	S92.021B
S52.024N	S72.8X2N	S42.225A	S52.532R	S72.002M	S92.022B
S52.025K	S72.8X9K	S42.226A	S52.539B	S72.002N	S92.023B
S52.025M	S72.8X9M	S42.231A	S52.539C	S72.002Q	S92.024B
S52.025N	S72.8X9N	S42.232A	S52.539E	S72.002R	S92.025B
S52.026K	S72.90xK	S42.239A	S52.539F	S72.002S	S92.026B
S52.026M	S72.90xM	S42.241A	S52.539H	S72.009B	S92.031B
S52.026N	S72.90xN	S42.242A	S52.539J	S72.009C	S92.032B
S52.031K	S72.91xK	S42.249A	S52.539M	S72.009E	S92.033B
S52.031M	S72.91xM	S42.291A	S52.539N	S72.009F	S92.034B
S52.031N	S72.91xN	S42.292A	S52.539Q	S72.009H	S92.035B
S52.032K	S72.92xK	S42.293A	S52.539R	S72.009J	S92.036B
S52.032M	S72.92xM	S42.294A	S52.501B	S72.009M	S92.041B
S52.032N	S72.92xN	S42.295A	S52.501C	S72.009N	S92.042B

S52.033K	S79.001K	S42.296A	S52.502B	S72.009Q	S92.043B
S52.033M	S79.002K	S42.251A	S52.502C	S72.009R	S92.044B
S52.033N	S79.009K	S42.252A	S52.509B	S72.009S	S92.045B
S52.034K	S79.011K	S42.253A	S52.509C	S72.091M	S92.046B
S52.034M	S79.012K	S42.254A	S52.511B	S72.091S	S92.051B
S52.034N	S79.019K	S42.255A	S52.511C	S72.092S	S92.052B
S52.035K	S79.091K	S42.256A	S52.512B	S72.099S	S92.053B
S52.035M	S79.092K	S42.261A	S52.512C	S72.8X1A	S92.054B
S52.035N	S79.099K	S42.262A	S52.513B	S72.8X2A	S92.055B
S52.036K	S79.101K	S42.263A	S52.513C	S72.8X9A	S92.056B
S52.036M	S79.102K	S42.264A	S52.514B	S72.90xA	S92.061B
S52.036N	S79.109K	S42.265A	S52.514C	S72.91xA	S92.062B
S52.041K	S79.111K	S42.266A	S52.515B	S72.92xA	S92.063B
S52.041M	S79.112K	S42.271A	S52.601M	S72.301A	S92.064B
S52.041N	S79.119K	S42.272A	S52.601N	S72.302A	S92.065B
S52.042K	S79.121K	S42.279A	S52.601S	S72.309A	S92.066B
S52.042M	S79.122K	S42.291A	S52.602B	S72.321A	S92.101A
S52.042N	S79.129K	S42.292A	S52.602C	S72.322A	S92.102A
S52.043K	S79.131K	S42.293A	S52.602M	S72.323A	S92.109A
S52.043M	S79.132K	S42.294A	S52.602N	S72.324A	S92.111A
S52.043N	S79.139K	S42.295A	S52.602S	S72.325A	S92.112A
S52.044K	S79.141K	S42.296A	S52.609B	S72.326A	S92.113A
S52.044M	S79.142K	S49.001A	S52.609C	S72.331A	S92.114A
S52.044N	S79.149K	S49.002A	S52.609M	S72.332A	S92.115A
S52.045K	S79.191K	S49.009A	S52.609N	S72.333A	S92.116A
S52.045M	S79.192K	S49.011A	S52.609S	S72.334A	S92.121A
S52.045N	S79.199K	S49.012A	S52.611B	S72.335A	S92.122A
S52.046K	S82.001K	S49.019A	S52.611C	S72.336A	S92.123A
S52.046M	S82.001M	S49.021A	S52.612B	S72.341A	S92.124A
S52.046N	S82.001N	S49.022A	S52.612C	S72.342A	S92.125A
S52.091K	S82.002K	S49.029A	S52.613B	S72.343A	S92.126A
S52.091M	S82.002M	S49.031A	S52.613C	S72.344A	S92.131A
S52.091N	S82.002N	S49.032A	S52.614B	S72.345A	S92.132A
S52.092K	S82.009K	S49.039A	S52.614C	S72.346A	S92.133A
S52.092M	S82.009M	S49.041A	S52.615B	S72.351A	S92.134A
S52.092N	S82.009N	S49.042A	S52.615C	S72.352A	S92.135A
S52.099K	S82.011K	S49.049A	S52.616B	S72.353A	S92.136A
S52.099M	S82.011M	S49.091A	S52.616C	S72.354A	S92.141A
S52.099N	S82.011N	S49.092A	S52.691B	S72.355A	S92.142A
S52.101K	S82.012K	S49.099A	S52.691C	S72.356A	S92.143A
S52.101M	S82.012M	S42.201B	S52.691S	S72.361A	S92.144A
S52.101N	S82.012N	S42.201S	S52.692B	S72.362A	S92.145A
S52.102K	S82.013K	S42.202B	S52.692C	S72.363A	S92.146A
S52.102M	S82.013M	S42.202S	S52.692S	S72.364A	S92.151A
S52.102N	S82.013N	S42.209B	S52.699B	S72.365A	S92.152A
S52.109K	S82.014K	S42.209S	S52.699C	S72.366A	S92.153A
S52.109M	S82.014M	S42.211B	S52.699S	S72.391A	S92.154A
S52.109N	S82.014N	S42.212B	S52.509B	S72.392A	S92.155A
S52.111K	S82.015K	S42.213B	S52.609C	S72.399A	S92.156A
S52.112K	S82.015M	S42.214B	S52.509B	S72.8X1B	S92.191A
S52.119K	S82.015N	S42.215B	S52.609B	S72.8X1C	S92.192A
S52.121K	S82.016K	S42.216B	S52.509C	S72.8X1S	S92.199A

S52.121M	S82.016M	S42.301B	S52.609C	S72.8X2B	S92.101A
S52.121N	S82.016N	S42.211B	S52.509C	S72.8X2C	S92.102A
S52.122K	S82.021K	S42.212B	S52.609B	S72.8X2M	S92.109A
S52.122M	S82.021M	S42.213B	S52.92xA	S72.8X2N	S92.111A
S52.122N	S82.021N	S42.214B	S52.90xA	S72.8X2S	S92.112A
S52.123K	S82.022K	S42.215B	S52.001A	S72.8X9B	S92.113A
S52.123M	S82.022M	S42.216B	S52.002A	S72.8X9C	S92.114A
S52.123N	S82.022N	S42.221B	S52.009A	S72.8X9M	S92.115A
S52.124K	S82.023K	S42.222B	S52.90xA	S72.8X9N	S92.116A
S52.124M	S82.023M	S42.223B	S52.90xA	S72.8X9S	S92.121A
S52.124N	S82.023N	S42.224B	S52.91xA	S72.90xB	S92.122A
S52.125K	S82.024K	S42.225B	S52.92xA	S72.90xC	S92.123A
S52.125M	S82.024M	S42.226B	S52.501B	S72.90xS	S92.124A
S52.125N	S82.024N	S42.231B	S52.501C	S72.91xB	S92.125A
S52.126K	S82.025K	S42.232B	S52.501E	S72.91xC	S92.126A
S52.126M	S82.025M	S42.239B	S52.501F	S72.91xS	S92.131A
S52.126N	S82.025N	S42.241B	S52.501H	S72.92xB	S92.132A
S52.131K	S82.026K	S42.242B	S52.501J	S72.92xC	S92.133A
S52.131M	S82.026M	S42.249B	S52.501M	S72.92xS	S92.134A
S52.131N	S82.026N	S42.201B	S52.501N	S72.301B	S92.135A
S52.132K	S82.031K	S42.202B	S52.501Q	S72.301C	S92.136A
S52.132M	S82.031M	S42.209B	S52.501R	S72.301S	S92.141A
S52.132N	S82.031N	S42.291B	S52.502B	S72.302B	S92.142A
S52.133K	S82.032K	S42.292B	S52.502C	S72.302C	S92.143A
S52.133M	S82.032M	S42.293B	S52.502E	S72.302S	S92.144A
S52.133N	S82.032N	S42.294B	S52.502F	S72.309B	S92.145A
S52.134K	S82.033K	S42.295B	S52.502H	S72.309C	S92.146A
S52.134M	S82.033M	S42.296B	S52.502J	S72.309S	S92.151A
S52.134N	S82.033N	S49.002S	S52.502M	S72.321B	S92.152A
S52.135K	S82.034K	S42.251B	S52.502N	S72.321C	S92.153A
S52.135M	S82.034M	S42.251S	S52.502Q	S72.322B	S92.154A
S52.135N	S82.034N	S42.252B	S52.502R	S72.322C	S92.155A
S52.136K	S82.035K	S42.252S	S52.509B	S72.323B	S92.156A
S52.136M	S82.035M	S42.253B	S52.509C	S72.323C	S92.191A
S52.136N	S82.035N	S42.253S	S52.509E	S72.324B	S92.192A
S52.181K	S82.036K	S42.254B	S52.509F	S72.324C	S92.199A
S52.181M	S82.036M	S42.255B	S52.509H	S72.325B	S92.251A
S52.181N	S82.036N	S42.256B	S52.509J	S72.325C	S92.252A
S52.182K	S82.041K	S42.201B	S52.509M	S72.326B	S92.253A
S52.182M	S82.041M	S42.202B	S52.509N	S72.326C	S92.254A
S52.182N	S82.041N	S42.209B	S52.509Q	S72.331B	S92.255A
S52.189K	S82.042K	S42.261B	S52.509R	S72.331C	S92.256A
S52.189M	S82.042M	S42.262B	S52.90xB	S72.332B	S92.211A
S52.189N	S82.042N	S42.263B	S52.90xC	S72.332C	S92.212A
S52.201K	S82.043K	S42.264B	S52.91xB	S72.333B	S92.213A
S52.201M	S82.043M	S42.265B	S52.91xC	S72.333C	S92.214A
S52.201N	S82.043N	S42.266B	S52.92xB	S72.334B	S92.215A
S52.202K	S82.044K	S42.291B	S52.92xC	S72.334C	S92.216A
S52.202M	S82.044M	S42.292B	S52.181B	S72.335B	S92.221A
S52.202N	S82.044N	S42.293B	S52.181C	S72.335C	S92.222A
S52.209K	S82.045K	S42.294B	S52.181E	S72.336B	S92.223A
S52.209M	S82.045M	S42.295B	S52.181F	S72.336C	S92.224A

S52.209N	S82.045N	S42.296B	S52.181H	S72.341B	S92.225A
S52.211K	S82.046K	S49.002S	S52.181J	S72.341C	S92.226A
S52.212K	S82.046M	S42.301A	S52.181M	S72.342B	S92.231A
S52.219K	S82.046N	S42.302A	S52.181N	S72.342C	S92.232A
S52.221K	S82.091K	S42.309A	S42.325A	S72.343B	S92.233A
S52.221M	S82.091M	S42.90xA	S52.181Q	S72.343C	S92.234A
S52.221N	S82.091N	S42.91xA	S52.181R	S72.344B	S92.235A
S52.222K	S82.092K	S42.92xA	S52.182B	S72.344C	S92.236A
S52.222M	S82.092M	S42.311A	S52.182C	S72.345B	S92.241A
S52.222N	S82.092N	S42.312A	S52.182E	S72.345C	S92.242A
S52.223K	S82.099K	S42.319A	S52.189B	S72.346B	S92.243A
S52.223M	S82.099M	S42.321A	S52.189C	S72.346C	S92.244A
S52.223N	S82.099N	S42.322A	S52.501B	S72.351B	S92.245A
S52.224K	S82.101K	S42.323A	S52.501C	S72.351C	S92.246A
S52.224M	S82.101M	S42.324A	S52.501E	S72.352B	S92.301A
S52.224N	S82.101N	S42.326A	S52.501F	S72.352C	S92.302A
S52.225K	S82.102K	S42.331A	S52.501H	S72.353B	S92.309A
S52.225M	S82.102M	S42.332A	S52.501J	S72.353C	S92.311A
S52.225N	S82.102N	S42.333A	S52.501M	S72.354B	S92.312A
S52.226K	S82.109K	S42.334A	S52.501N	S72.354C	S92.313A
S52.226M	S82.109M	S42.335A	S52.501Q	S72.355B	S92.314A
S52.226N	S82.109N	S42.336A	S52.501R	S72.355C	S92.315A
S52.231K	S82.111K	S42.341A	S52.502B	S72.356B	S92.316A
S52.231M	S82.111M	S42.342A	S52.502C	S72.356C	S92.321A
S52.231N	S82.111N	S42.343A	S52.502E	S72.361B	S92.322A
S52.232K	S82.112K	S42.344A	S52.502F	S72.361C	S92.323A
S52.232M	S82.112M	S42.345A	S52.502H	S72.362B	S92.324A
S52.232N	S82.112N	S42.346A	S52.502J	S72.362C	S92.325A
S52.233K	S82.113K	S42.351A	S52.502M	S72.363B	S92.326A
S52.233M	S82.113M	S42.352A	S52.502N	S72.363C	S92.331A
S52.233N	S82.113N	S42.353A	S52.502Q	S72.364B	S92.332A
S52.234K	S82.114K	S42.354A	S52.502R	S72.364C	S92.333A
S52.234M	S82.114M	S42.355A	S52.509B	S72.365B	S92.334A
S52.234N	S82.114N	S42.356A	S52.90xB	S72.365C	S92.335A
S52.235K	S82.115K	S42.361A	S52.90xC	S72.366B	S92.336A
S52.235M	S82.115M	S42.362A	S52.001B	S72.366C	S92.341A
S52.235N	S82.115N	S42.363A	S52.001C	S72.391B	S92.342A
S52.236K	S82.116K	S42.364A	S52.001S	S72.391C	S92.343A
S52.236M	S82.116M	S42.365A	S52.002B	S72.391S	S92.344A
S52.236N	S82.116N	S42.366A	S52.002C	S72.392B	S92.345A
S52.241K	S82.121K	S42.391A	S52.002S	S72.392C	S92.346A
S52.241M	S82.121M	S42.392A	S52.009B	S72.392S	S92.351A
S52.241N	S82.121N	S42.399A	S52.009C	S72.399B	S92.352A
S52.242K	S82.122K	S42.301B	S52.009S	S72.399C	S92.353A
S52.242M	S82.122M	S42.302B	S52.091B	S72.399S	S92.354A
S52.242N	S82.122N	S42.309B	S52.091C	S72.401A	S92.355A
S52.243K	S82.123K	S42.321B	S52.092B	S72.402A	S92.356A
S52.243M	S82.123M	S42.322B	S52.092C	S72.409A	S92.201A
S52.243N	S82.123N	S42.323B	S52.099B	S72.411A	S92.202A
S52.244K	S82.124K	S42.324B	S52.099C	S72.412A	S92.209A
S52.244M	S82.124M	S42.325B	S52.271B	S72.413A	S92.301A
S52.244N	S82.124N	S42.326B	S52.271C	S72.414A	S92.302A

S52.245K	S82.125K	S42.331B	S52.271J	S72.415A	S92.309A
S52.245M	S82.125M	S42.332B	S52.272B	S72.416A	S92.311A
S52.245N	S82.125N	S42.333B	S52.272C	S72.421A	S92.312A
S52.246K	S82.126K	S42.334B	S52.279B	S72.422A	S92.313A
S52.246M	S82.126M	S42.335B	S52.279C	S72.423A	S92.314A
S52.246N	S82.126N	S42.336B	S52.601B	S72.424A	S92.315A
S52.251K	S82.131K	S42.341B	S52.601C	S72.425A	S92.316A
S52.251M	S82.131M	S42.342B	S52.601S	S72.426A	S92.321A
S52.251N	S82.131N	S42.343B	S52.602B	S72.431A	S92.322A
S52.252K	S82.132K	S42.344B	S52.602C	S72.432A	S92.323A
S52.252M	S82.132M	S42.345B	S52.602S	S72.433A	S92.324A
S52.252N	S82.132N	S42.346B	S52.609B	S72.434A	S92.325A
S52.253K	S82.133K	S42.351B	S52.609C	S72.435A	S92.326A
S52.253M	S82.133M	S42.352B	S52.609S	S72.436A	S92.331A
S52.253N	S82.133N	S42.353B	S52.691B	S72.441A	S92.332A
S52.254K	S82.134K	S42.354B	S52.691C	S72.442A	S92.333A
S52.254M	S82.134M	S42.355B	S52.691S	S72.443A	S92.334A
S52.254N	S82.134N	S42.356B	S52.692B	S72.444A	S92.335A
S52.255K	S82.135K	S42.361B	S52.692C	S72.445A	S92.336A
S52.255M	S82.135M	S42.362B	S52.699B	S72.446A	S92.341A
S52.255N	S82.135N	S42.363B	S52.699C	S79.101A	S92.342A
S52.256K	S82.136K	S42.364B	S52.90xB	S79.102A	S92.343A
S52.256M	S82.136M	S42.365B	S52.90xC	S79.109A	S92.344A
S52.256N	S82.136N	S42.366B	S52.391C	S79.111A	S92.345A
S52.261K	S82.141K	S42.391B	S52.392B	S79.112A	S92.346A
S52.261M	S82.141M	S42.392B	S52.392C	S79.119A	S92.351A
S52.261N	S82.141N	S42.399B	S52.399B	S79.121A	S92.352A
S52.262K	S82.142K	S42.90xB	S52.399C	S79.122A	S92.353A
S52.262M	S82.142M	S42.91xB	S52.90xB	S79.129A	S92.354A
S52.262N	S82.142N	S42.91xS	S52.90xC	S79.131A	S92.355A
S52.263K	S82.143K	S42.92xB	S52.90xE	S79.132A	S92.356A
S52.263M	S82.143M	S42.301B	S52.90xF	S79.139A	S92.202B
S52.263N	S82.143N	S42.301S	S52.90xH	S79.141A	S92.302B
S52.264K	S82.144K	S42.302B	S52.90xJ	S79.142A	S92.901B
S52.264M	S82.144M	S42.302S	S52.90xM	S79.149A	S92.901S
S52.264N	S82.144N	S42.309B	S52.90xN	S79.191A	S92.902B
S52.265K	S82.145K	S42.309S	S52.90xQ	S79.192A	S92.902S
S52.265M	S82.145M	S42.321B	S52.90xR	S79.199A	S92.909B
S52.265N	S82.145N	S42.322B	S52.90xS	S72.451A	S92.909S
S52.266K	S82.146K	S42.323B	S52.91xB	S72.452A	S92.101B
S52.266M	S82.146M	S42.324B	S52.91xC	S72.453A	S92.101S
S52.266N	S82.146N	S42.325B	S52.91xE	S72.454A	S92.102B
S52.271K	S82.151K	S42.326B	S52.91xF	S72.455A	S92.102S
S52.271M	S82.151M	S42.331B	S52.91xH	S72.456A	S92.109B
S52.271N	S82.151N	S42.332B	S52.91xJ	S72.461A	S92.111B
S52.272K	S82.152K	S42.333B	S52.91xM	S72.462A	S92.111S
S52.272M	S82.152M	S42.334B	S52.91xN	S72.463A	S92.112B
S52.272N	S82.152N	S42.335B	S52.91xQ	S72.464A	S92.113B
S52.279K	S82.153K	S42.336B	S52.91xR	S72.465A	S92.114B
S52.279M	S82.153M	S42.341B	S52.91xS	S72.466A	S92.115B
S52.279N	S82.153N	S42.342B	S52.92xB	S72.471A	S92.116B
S52.281K	S82.154K	S42.343B	S52.92xC	S72.472A	S92.121B

S52.281M	S82.154M	S42.344B	S52.92xE	S72.479A	S92.122B
S52.281N	S82.154N	S42.345B	S52.92xF	S72.491A	S92.123B
S52.282K	S82.155K	S42.346B	S52.92xH	S72.492A	S92.124B
S52.282M	S82.155M	S42.351B	S52.92xJ	S72.499A	S92.125B
S52.282N	S82.155N	S42.352B	S52.92xM	S72.401B	S92.126B
S52.283K	S82.156K	S42.353B	S52.92xN	S72.401C	S92.131B
S52.283M	S82.156M	S42.354B	S52.92xQ	S72.401E	S92.132B
S52.283N	S82.156N	S42.355B	S52.92xR	S72.401F	S92.133B
S52.291K	S82.161K	S42.356B	S52.92xS	S72.401H	S92.134B
S52.291M	S82.162K	S42.361B	S62.101A	S72.401J	S92.135B
S52.291N	S82.169K	S42.362B	S62.102A	S72.401M	S92.136B
S52.292K	S82.191K	S42.363B	S62.109A	S72.401N	S92.141B
S52.292M	S82.191M	S42.364B	S62.001A	S72.401R	S92.142B
S52.292N	S82.191N	S42.365B	S62.002A	S72.401S	S92.143B
S52.299K	S82.192K	S42.366B	S62.009A	S72.402B	S92.144B
S52.299M	S82.192M	S42.391B	S62.011A	S72.402C	S92.145B
S52.299N	S82.192N	S42.392B	S62.012A	S72.402E	S92.146B
S52.301K	S82.199K	S42.399B	S62.013A	S72.402F	S92.151B
S52.301M	S82.199M	S42.401A	S62.014A	S72.402H	S92.152B
S52.301N	S82.199N	S42.402A	S62.015A	S72.402S	S92.153B
S52.302K	S82.201K	S42.409A	S62.016A	S72.409B	S92.154B
S52.302M	S82.201M	S42.411A	S62.021A	S72.409C	S92.155B
S52.302N	S82.201N	S42.412A	S62.022A	S72.409S	S92.156B
S52.309K	S82.202K	S42.413A	S62.023A	S72.491B	S92.191B
S52.309M	S82.202M	S42.414A	S62.024A	S72.491C	S92.192B
S52.309N	S82.202N	S42.415A	S62.025A	S72.492B	S92.199B
S52.311K	S82.209M	S42.416A	S62.026A	S72.492C	S92.901B
S52.312K	S82.209N	S42.421A	S62.031A	S72.499B	S92.251B
S52.319K	S82.221K	S42.422A	S62.032A	S72.499C	S92.251D
S52.321K	S82.221M	S42.423A	S62.033A	S72.411B	S92.251G
S52.321M	S82.221N	S42.424A	S62.034A	S72.411C	S92.251K
S52.321N	S82.222K	S42.425A	S62.035A	S72.412B	S92.251P
S52.322K	S82.222M	S42.426A	S62.036A	S72.412C	S92.251S
S52.322M	S82.222N	S42.431A	S62.121A	S72.413B	S92.252B
S52.322N	S82.223K	S42.432A	S62.122A	S72.413C	S92.252D
S52.323K	S82.223M	S42.433A	S62.123A	S72.414B	S92.252G
S52.323M	S82.223N	S42.434A	S62.124A	S72.414C	S92.252K
S52.323N	S82.224K	S42.435A	S62.125A	S72.415B	S92.252P
S52.324K	S82.224M	S42.436A	S62.126A	S72.415C	S92.252S
S52.324M	S82.224N	S42.451A	S62.111A	S72.416B	S92.253B
S52.324N	S82.225K	S42.452A	S62.112A	S72.416C	S92.253K
S52.325K	S82.225M	S42.453A	S62.113A	S72.416S	S92.253S
S52.325M	S82.225N	S42.454A	S62.114A	S72.421B	S92.254B
S52.325N	S82.226K	S42.455A	S62.115A	S72.421C	S92.254S
S52.326K	S82.226M	S42.456A	S62.116A	S72.421S	S92.255B
S52.326M	S82.226N	S42.441A	S62.161A	S72.422B	S92.255S
S52.326N	S82.231K	S42.442A	S62.162A	S72.422C	S92.256B
S52.331K	S82.231M	S42.443A	S62.163A	S72.422S	S92.256S
S52.331M	S82.231N	S42.444A	S62.164A	S72.423B	S92.211B
S52.331N	S82.232K	S42.445A	S62.165A	S72.423C	S92.211D
S52.332K	S82.232M	S42.446A	S62.166A	S72.423S	S92.211G
S52.332M	S82.232N	S42.447A	S62.171A	S72.424B	S92.211P

S52.332N	S82.233K	S42.448A	S62.172A	S72.424C	S92.211S
S52.333K	S82.233M	S42.449A	S62.173A	S72.424S	S92.212B
S52.333M	S82.233N	S42.461A	S62.174A	S72.425B	S92.212D
S52.333N	S82.234K	S42.462A	S62.175A	S72.425C	S92.212G
S52.334K	S82.234M	S42.463A	S62.176A	S72.425S	S92.212P
S52.334M	S82.234N	S42.464A	S62.181A	S72.426B	S92.212S
S52.334N	S82.235K	S42.465A	S62.182A	S72.426C	S92.213B
S52.335K	S82.235M	S42.466A	S62.183A	S72.426S	S92.213K
S52.335M	S82.235N	S42.471A	S62.184A	S72.431B	S92.213S
S52.335N	S82.236K	S42.472A	S62.185A	S72.431C	S92.214B
S52.336K	S82.236M	S42.473A	S62.186A	S72.431S	S92.214D
S52.336M	S82.236N	S42.474A	S62.131A	S72.432B	S92.214G
S52.336N	S82.241K	S42.475A	S62.132A	S72.432C	S92.214P
S52.341K	S82.241M	S42.476A	S62.133A	S72.432S	S92.214S
S52.341M	S82.241N	S49.101A	S62.134A	S72.433B	S92.215B
S52.341N	S82.242K	S49.102A	S62.135A	S72.433C	S92.215D
S52.342K	S82.242M	S49.109A	S62.136A	S72.434B	S92.215G
S52.342M	S82.242N	S49.111A	S62.141A	S72.434C	S92.215P
S52.342N	S82.243K	S49.112A	S62.142A	S72.435B	S92.215S
S52.343K	S82.243M	S49.119A	S62.143A	S72.435C	S92.216B
S52.343M	S82.243N	S49.121A	S62.144A	S72.436B	S92.216K
S52.343N	S82.244K	S49.122A	S62.145A	S72.436C	S92.216S
S52.344K	S82.244M	S49.129A	S62.146A	S72.441B	S92.221B
S52.344M	S82.244N	S49.131A	S62.151A	S72.441C	S92.221D
S52.344N	S82.245K	S49.132A	S62.152A	S72.441M	S92.221G
S52.345K	S82.245M	S49.139A	S62.153A	S72.441N	S92.221K
S52.345M	S82.245N	S49.141A	S62.154A	S72.441S	S92.221S
S52.345N	S82.246K	S49.142A	S62.155A	S72.442B	S92.222B
S52.346K	S82.246M	S49.149A	S62.156A	S72.442C	S92.222S
S52.346M	S82.246N	S49.191A	S62.101B	S72.442S	S92.223B
S52.346N	S82.251K	S49.192A	S62.101K	S72.443B	S92.223S
S52.351K	S82.251M	S49.199A	S62.102B	S72.443C	S92.224B
S52.351M	S82.251N	S42.481A	S62.102K	S72.443S	S92.224S
S52.351N	S82.252K	S42.482A	S62.102S	S72.444B	S92.225B
S52.352K	S82.252M	S42.489A	S62.109B	S72.444C	S92.225S
S52.352M	S82.252N	S42.491A	S62.109K	S72.444S	S92.226B
S52.352N	S82.253K	S42.492A	S62.001B	S72.445B	S92.226S
S52.353K	S82.253M	S42.493A	S62.001S	S72.445C	S92.231B
S52.353M	S82.253N	S42.494A	S62.002B	S72.445S	S92.231S
S52.353N	S82.254K	S42.495A	S62.002D	S72.446B	S92.232B
S52.354K	S82.254M	S42.496A	S62.002G	S72.446C	S92.232S
S52.354M	S82.254N	S42.401B	S62.002S	S72.446S	S92.233B
S52.354N	S82.255K	S42.402B	S62.009B	S72.451B	S92.233S
S52.355K	S82.255M	S42.402S	S62.009S	S72.451C	S92.234B
S52.355M	S82.255N	S42.409B	S62.011B	S72.451S	S92.234S
S52.355N	S82.256K	S42.409S	S62.011S	S72.452B	S92.235B
S52.356K	S82.256M	S42.491B	S62.012B	S72.452C	S92.235S
S52.356M	S82.256N	S42.492B	S62.012S	S72.452S	S92.236B
S52.356N	S82.261K	S42.493B	S62.013B	S72.453B	S92.236S
S52.361K	S82.261M	S42.494B	S62.013S	S72.453C	S92.241B
S52.361M	S82.261N	S42.495B	S62.014B	S72.453S	S92.241S
S52.361N	S82.262K	S42.496B	S62.014S	S72.454B	S92.242B

S52.362K	S82.262M	S42.411B	S62.015B	S72.454C	S92.242S
S52.362M	S82.262N	S42.412B	S62.016B	S72.454S	S92.243B
S52.362N	S82.263K	S42.413B	S62.016S	S72.455B	S92.243S
S52.363K	S82.263M	S42.414B	S62.021B	S72.455C	S92.244B
S52.363M	S82.263N	S42.415B	S62.021S	S72.455S	S92.244S
S52.363N	S82.264K	S42.416B	S62.022B	S72.456B	S92.245B
S52.364K	S82.264M	S42.421B	S62.022S	S72.456C	S92.245S
S52.364M	S82.264N	S42.422B	S62.023B	S72.456S	S92.246B
S52.364N	S82.265K	S42.423B	S62.023S	S72.461B	S92.246S
S52.365K	S82.265M	S42.424B	S62.024B	S72.461C	S92.301B
S52.365M	S82.265N	S42.425B	S62.024S	S72.462B	S92.302B
S52.365N	S82.266K	S42.426B	S62.025B	S72.462C	S92.309B
S52.366K	S82.266M	S42.431B	S62.025S	S72.463B	S92.309S
S52.366M	S82.266N	S42.432B	S62.026B	S72.463C	S92.311B
S52.366N	S82.291K	S42.433B	S62.026S	S72.464B	S92.311S
S52.371K	S82.291M	S42.434B	S62.031B	S72.464C	S92.312B
S52.371M	S82.291N	S42.435B	S62.031S	S72.465B	S92.312S
S52.371N	S82.292K	S42.436B	S62.032B	S72.465C	S92.313B
S52.372K	S82.292M	S42.451B	S62.032S	S72.466B	S92.313S
S52.372M	S82.292N	S42.451S	S62.033B	S72.466C	S92.314B
S52.372N	S82.299K	S42.452B	S62.033S	S72.401B	S92.314S
S52.379K	S82.299M	S42.452S	S62.034B	S72.401C	S92.315B
S52.379M	S82.299N	S42.453B	S62.034S	S72.402B	S92.315S
S52.379N	S82.301K	S42.453S	S62.035B	S72.402C	S92.316B
S52.381K	S82.301M	S42.454B	S62.035S	S72.491B	S92.321B
S52.381M	S82.301N	S42.455B	S62.036B	S72.491C	S92.322B
S52.381N	S82.302K	S42.456B	S62.036S	S72.491S	S92.323B
S52.382K	S82.302M	S42.441B	S62.121B	S72.492B	S92.324B
S52.382M	S82.302N	S42.442B	S62.121S	S72.492C	S92.325B
S52.382N	S82.309K	S42.442S	S62.122B	S72.492S	S92.326B
S52.389K	S82.309M	S42.443B	S62.122S	S72.499B	S92.331B
S52.389M	S82.309N	S42.443S	S62.123B	S72.499C	S92.332B
S52.389N	S82.311K	S42.444B	S62.123S	S72.499S	S92.333B
S52.391K	S82.312K	S42.444S	S62.124B	S82.001A	S92.334B
S52.391M	S82.319K	S42.445B	S62.124S	S82.002A	S92.335B
S52.391N	S82.391K	S42.445S	S62.125B	S82.009A	S92.336B
S52.392K	S82.391M	S42.446B	S62.125S	S82.011A	S92.341B
S52.392M	S82.391N	S42.446S	S62.126B	S82.012A	S92.342B
S52.392N	S82.392K	S42.447B	S62.111B	S82.013A	S92.343B
S52.399K	S82.392M	S42.448B	S62.112B	S82.014A	S92.344B
S52.399M	S82.392N	S42.449B	S62.113B	S82.015A	S92.345B
S52.399N	S82.399K	S42.461B	S62.114B	S82.016A	S92.346B
S52.501K	S82.399M	S42.461S	S62.115B	S82.021A	S92.351B
S52.501M	S82.399N	S42.462B	S62.116B	S82.022A	S92.352B
S52.501N	S82.401K	S42.462S	S62.142B	S82.023A	S92.353B
S52.502K	S82.401M	S42.463B	S62.143B	S82.024A	S92.354B
S52.502M	S82.401N	S42.463S	S62.161B	S82.025A	S92.355B
S52.502N	S82.402K	S42.464B	S62.162B	S82.026A	S92.356B
S52.509K	S82.402M	S42.464S	S62.162S	S82.031A	S92.201B
S52.509M	S82.402N	S42.465B	S62.163B	S82.032A	S92.202B
S52.509N	S82.409K	S42.465S	S62.163S	S82.033A	S92.209B
S52.511K	S82.409M	S42.466B	S62.164B	S82.034A	S92.301B

S52.511M	S82.409N	S42.466S	S62.164S	S82.035A	S92.301D
S52.511N	S82.421K	S42.401B	S62.165B	S82.036A	S92.301G
S52.512K	S82.421M	S42.402B	S62.165S	S82.041A	S92.301K
S52.512M	S82.421N	S42.409B	S62.166B	S82.042A	S92.301P
S52.512N	S82.422K	S42.471B	S62.166S	S82.043A	S92.301S
S52.513K	S82.422M	S42.471S	S62.171B	S82.044A	S92.302B
S52.513M	S82.422N	S42.472B	S62.172B	S82.045A	S92.302S
S52.513N	S82.423K	S42.472S	S62.172S	S82.046A	S92.309B
S52.514K	S82.423M	S42.473B	S62.173B	S82.091A	S92.309D
S52.514M	S82.423N	S42.473S	S62.173S	S82.092A	S92.309G
S52.514N	S82.424K	S42.474B	S62.174B	S82.099A	S92.311B
S52.515K	S82.424M	S42.474S	S62.174S	S82.001B	S92.312B
S52.515M	S82.424N	S42.475B	S62.175B	S82.001C	S92.313B
S52.515N	S82.425K	S42.475S	S62.175S	S82.002B	S92.314B
S52.516K	S82.425M	S42.476B	S62.176B	S82.002C	S92.315B
S52.516N	S82.425N	S42.491B	S62.181B	S82.009B	S92.316B
S52.521K	S82.426K	S42.492B	S62.182B	S82.009C	S92.321B
S52.522K	S82.426M	S42.493B	S62.182S	S82.011B	S92.322B
S52.529K	S82.426N	S42.494B	S62.183B	S82.011C	S92.323B
S52.531K	S82.431K	S42.495B	S62.183S	S82.012B	S92.324B
S52.531M	S82.431M	S42.496B	S62.184B	S82.012C	S92.325B
S52.531N	S82.431N	S49.191S	S62.184S	S82.013B	S92.326B
S52.532K	S82.432K	S42.401B	S62.185B	S82.013C	S92.331B
S52.532M	S82.432M	S42.402B	S62.185S	S82.014B	S92.332B
S52.532N	S82.432N	S42.409B	S62.186B	S82.014C	S92.333B
S52.539K	S82.433K	S42.491B	S62.186S	S82.015B	S92.334B
S52.539M	S82.433M	S42.492B	S62.131B	S82.015C	S92.335B
S52.539N	S82.433N	S42.492S	S62.131S	S82.016B	S92.336B
S52.541K	S82.434K	S42.493B	S62.132B	S82.016C	S92.341B
S52.541M	S82.434M	S42.493S	S62.132S	S82.021B	S92.342B
S52.541N	S82.434N	S42.494B	S62.133B	S82.021C	S92.343B
S52.542K	S82.435K	S42.494S	S62.133S	S82.022B	S92.344B
S52.542M	S82.435M	S42.495B	S62.134B	S82.022C	S92.345B
S52.542N	S82.435N	S42.495S	S62.134S	S82.023B	S92.346B
S52.549K	S82.436K	S42.496B	S62.135B	S82.023C	S92.351B
S52.549M	S82.436M	S42.496S	S62.135S	S82.024B	S92.352B
S52.549N	S82.436N	S52.90xA	S62.136B	S82.024C	S92.353B
S52.551K	S82.441K	S52.021A	S62.136S	S82.025B	S92.354B
S52.551M	S82.441M	S52.022A	S62.141B	S82.025C	S92.355B
S52.551N	S82.441N	S52.023A	S62.142B	S82.026B	S92.356B
S52.552K	S82.442K	S52.024A	S62.142S	S82.026C	S92.401A
S52.552M	S82.442M	S52.025A	S62.143B	S82.031B	S92.402A
S52.552N	S82.442N	S52.026A	S62.143S	S82.031C	S92.403A
S52.559K	S82.443K	S52.031A	S62.144B	S82.032B	S92.404A
S52.559M	S82.443M	S52.032A	S62.144S	S82.032C	S92.405A
S52.559N	S82.443N	S52.033A	S62.145B	S82.033B	S92.406A
S52.561K	S82.444K	S52.034A	S62.145S	S82.033C	S92.411A
S52.561M	S82.444M	S52.035A	S62.146B	S82.034B	S92.412A
S52.561N	S82.444N	S52.036A	S62.146S	S82.034C	S92.413A
S52.562K	S82.445K	S52.001A	S62.001B	S82.035B	S92.414A
S52.562M	S82.445M	S52.002A	S62.002B	S82.035C	S92.415A
S52.562N	S82.445N	S52.009A	S62.009B	S82.036B	S92.416A

S52.569K	S82.446K	S52.011A	S62.011B	S82.036C	S92.421A
S52.569M	S82.446M	S52.012A	S62.012B	S82.041B	S92.422A
S52.569N	S82.446N	S52.019A	S62.013B	S82.041C	S92.423A
S52.571K	S82.451K	S52.041A	S62.014B	S82.042B	S92.424A
S52.571M	S82.451M	S52.042A	S62.015B	S82.042C	S92.425A
S52.571N	S82.451N	S52.043A	S62.016B	S82.043B	S92.426A
S52.572K	S82.452K	S52.044A	S62.021B	S82.043C	S92.491A
S52.572M	S82.452M	S52.045A	S62.022B	S82.044B	S92.492A
S52.572N	S82.452N	S52.046A	S62.023B	S82.044C	S92.499A
S52.579K	S82.453K	S52.091A	S62.024B	S82.045B	S92.501A
S52.579M	S82.453M	S52.092A	S62.032B	S82.045C	S92.502A
S52.579N	S82.453N	S52.099A	S62.033B	S82.046B	S92.503A
S52.591K	S82.454K	S52.271A	S62.034B	S82.046C	S92.504A
S52.591M	S82.454M	S52.272A	S62.035B	S82.091B	S92.505A
S52.591N	S82.454N	S52.279A	S62.036B	S82.091C	S92.506A
S52.592K	S82.455K	S52.001A	S62.101B	S82.092B	S92.511A
S52.592M	S82.455M	S52.002A	S62.102B	S82.092C	S92.512A
S52.592N	S82.455N	S52.009A	S62.109B	S82.099B	S92.513A
S52.599K	S82.456K	S52.091A	S62.142B	S82.099C	S92.514A
S52.599M	S82.456M	S52.092A	S62.143B	S82.101A	S92.515A
S52.599N	S82.456N	S52.099A	S62.144B	S82.102A	S92.516A
S52.601K	S82.461K	S52.121A	S62.145B	S82.109A	S92.521A
S52.601M	S82.461M	S52.122A	S62.146B	S82.111A	S92.522A
S52.601N	S82.461N	S52.123A	S62.151B	S82.112A	S92.523A
S52.602K	S82.462K	S52.124A	S62.151D	S82.113A	S92.524A
S52.602M	S82.462M	S52.125A	S62.151G	S82.114A	S92.525A
S52.602N	S82.462N	S52.126A	S62.151K	S82.115A	S92.526A
S52.609K	S82.463K	S52.181A	S62.151S	S82.116A	S92.531A
S52.609M	S82.463M	S52.131A	S62.152B	S82.121A	S92.532A
S52.609N	S82.463N	S52.132A	S62.152D	S82.122A	S92.533A
S52.611K	S82.464K	S52.133A	S62.152G	S82.123A	S92.534A
S52.611M	S82.464M	S52.134A	S62.152K	S82.124A	S92.535A
S52.611N	S82.464N	S52.135A	S62.152S	S82.125A	S92.536A
S52.612K	S82.465K	S52.136A	S62.153B	S82.126A	S92.591A
S52.612M	S82.465M	S52.101A	S62.153S	S82.131A	S92.592A
S52.612N	S82.465N	S52.102A	S62.154B	S82.132A	S92.599A
S52.613K	S82.466K	S52.109A	S62.154S	S82.133A	S92.911A
S52.613M	S82.466M	S52.181A	S62.155B	S82.134A	S92.912A
S52.613N	S82.466N	S52.182A	S62.155S	S82.135A	S92.919A
S52.614K	S82.491K	S52.189A	S62.156B	S82.136A	S92.401B
S52.614M	S82.491M	S59.101A	S62.156S	S82.141A	S92.402B
S52.614N	S82.491N	S59.102A	S62.305B	S82.142A	S92.403B
S52.615K	S82.492K	S59.109A	S62.306B	S82.143A	S92.404B
S52.615M	S82.492M	S59.111A	S62.307B	S82.144A	S92.405B
S52.615N	S82.492N	S59.112A	S62.309A	S82.145A	S92.406B
S52.616K	S82.499K	S59.119A	S62.319A	S82.146A	S92.411B
S52.616M	S82.499M	S59.121A	S62.329A	S82.151A	S92.412B
S52.616N	S82.499N	S59.122A	S62.339A	S82.152A	S92.413B
S52.621K	S82.51xK	S59.129A	S62.349A	S82.153A	S92.414B
S52.622K	S82.51xM	S59.131A	S62.359A	S82.154A	S92.415B
S52.629K	S82.51xN	S59.132A	S62.369A	S82.155A	S92.416B
S52.691K	S82.52xK	S59.139A	S62.398A	S82.156A	S92.421B

S52.691M	S82.52xM	S59.141A	S62.399A	S82.191A	S92.422B
S52.691N	S82.52xN	S59.142A	S62.201A	S82.192A	S92.423B
S52.692K	S82.53xK	S59.149A	S62.202A	S82.199A	S92.424B
S52.692M	S82.53xM	S59.191A	S62.209A	S89.001A	S92.425B
S52.692N	S82.53xN	S59.192A	S62.211A	S89.002A	S92.426B
S52.699K	S82.54xK	S59.199A	S62.212A	S89.009A	S92.491B
S52.699M	S82.54xM	S52.109A	S62.213A	S89.011A	S92.492B
S52.699N	S82.54xN	S52.009A	S62.221A	S89.012A	S92.499B
S52.90xK	S82.55xK	S52.90xB	S62.222A	S89.019A	S92.501B
S52.90xM	S82.55xM	S52.90xC	S62.223A	S89.021A	S92.502B
S52.90xN	S82.55xN	S52.90xE	S62.224A	S89.022A	S92.503B
S52.91xK	S82.56xK	S52.90xF	S62.225A	S89.029A	S92.504B
S52.91xM	S82.56xM	S52.90xH	S62.226A	S89.031A	S92.505B
S52.91xN	S82.56xN	S52.90xJ	S62.231A	S89.032A	S92.506B
S52.92xK	S82.61xK	S52.90xM	S62.232A	S89.039A	S92.511B
S52.92xM	S82.61xM	S52.90xN	S62.233A	S89.041A	S92.512B
S52.92xN	S82.61xN	S52.90xQ	S62.234A	S89.042A	S92.513B
S59.001K	S82.62xK	S52.90xR	S62.235A	S89.049A	S92.514B
S59.002K	S82.62xM	S52.90xS	S62.236A	S89.091A	S92.515B
S59.009K	S82.62xN	S52.91xB	S62.291A	S89.092A	S92.516B
S59.011K	S82.63xK	S52.91xC	S62.292A	S89.099A	S92.521B
S59.012K	S82.63xM	S52.91xE	S62.299A	S82.831A	S92.522B
S59.019K	S82.63xN	S52.91xF	S62.241A	S82.832A	S92.523B
S59.021K	S82.64xK	S52.91xH	S62.309A	S82.839A	S92.524B
S59.022K	S82.64xM	S52.91xJ	S62.310A	S89.201A	S92.525B
S59.029K	S82.64xN	S52.91xM	S62.311A	S89.202A	S92.526B
S59.031K	S82.65xK	S52.91xN	S62.312A	S89.209A	S92.531B
S59.032K	S82.65xM	S52.91xQ	S62.313A	S89.211A	S92.532B
S59.039K	S82.65xN	S52.91xR	S62.314A	S89.212A	S92.533B
S59.041K	S82.66xK	S52.91xS	S62.315A	S89.219A	S92.534B
S59.042K	S82.66xM	S52.92xB	S62.316A	S89.221A	S92.535B
S59.049K	S82.66xN	S52.92xC	S62.317A	S89.222A	S92.536B
S59.091K	S82.811K	S52.92xE	S62.318A	S89.229A	S92.591B
S59.092K	S82.812K	S52.92xF	S62.319A	S89.291A	S92.592B
S59.099K	S82.819K	S52.92xH	S62.340A	S89.292A	S92.599B
S59.101K	S82.821K	S52.92xJ	S62.341A	S89.299A	S92.911B
S59.102K	S82.822K	S52.92xM	S62.342A	S82.101A	S92.912B
S59.109K	S82.829K	S52.92xN	S62.343A	S82.831A	S92.919B
S59.111K	S82.831K	S52.92xQ	S62.344A	S82.102A	
S59.112K	S82.831M	S52.92xR	S62.345A	S82.832A	
S59.119K	S82.831N	S52.92xS	S62.346A	S82.101B	
S59.121K	S82.832K	S42.302B	S62.347A	S82.101C	
S59.122K	S82.832M	S42.309B	S62.348A	S82.102B	
S59.129K	S82.832N	S52.021B	S62.349A	S82.102C	
S59.131K	S82.839K	S52.021C	S62.398A	S82.109B	
S59.132K	S82.839M	S52.022B	S62.399A	S82.109C	
S59.139K		S52.022C		S82.111B	

C. Procedure Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

Refer to the **Durable Medical Equipment Fee Schedule** for the rates associated with the equipment, supplies and services listed in the table below. The fee schedules are available on DMA's website: <http://dma.ncdhhs.gov/>. To request a medical necessity review for an item not listed, see **sections 1.2, 2.2 and Attachment D** for instructions.

Lifetime Expectancies and Quantity Limitations for Durable Medical Equipment and Supplies

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
Hospital Beds and Related Supplies		
E0250	Hospital bed, fixed height, with any type side rails, with mattress	5 years
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	5 years
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	5 years
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	5 years
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 lbs, but less than or equal to 600 lbs, with any type side rails, with mattress	5 years
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs, with any type side rails, with mattress	5 years
E0271	Mattress, innerspring	3 years
E0272	Mattress, foam rubber	3 years
E0305	Bed side rails, half length	3 years
E0310	Bed side rails, full length	3 years
E0840	Traction frame, attached to headboard, cervical traction	3 years
E0890	Traction frame, attached to footboard, pelvic traction	3 years
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar	3 years
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, complete with grab bar	3 years
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	3 years
E0940	Trapeze bar, free standing, complete with grab bar	3 years
E0276	Bed pan, fracture, metal or plastic	3 years
E0280	Bed cradle, any type	3 years
E0325	Urinal; male, jug-type, any material	6 per year
E0326	Urinal; female, jug-type, any material	6 per year
Pediatric Beds and Cribs		

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E0300	Pediatric crib, hospital grade, fully enclosed	0-20 years only: 5 years
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	0-20 years only: 5 years
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above spring, includes mattress	0-20 years only: 5 years
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above spring, includes mattress	0-20 years only: 5 years
W4047	Miscellaneous for pediatric DME	0-20 years only
Pressure Reducing Support Surfaces – Group I		
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	2 Years
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	3 years
E0182	Pump for alternating pressure pad, for replacement only	3 years
E0184	Dry pressure mattress	3 years
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	3 years
E0186	Air pressure mattress	3 years
E0187	Water pressure mattress	3 years
E0196	Gel pressure mattress	3 years
E0197	Air pressure pad for mattress, standard mattress length and width	3 years
E0198	Water pressure pad for mattress, standard mattress length and width	3 years
E0199	Dry pressure pad for mattress, standard mattress length and width	3 years
Pressure Reducing Support Surfaces – Group 2		
E0193	Powered air flotation bed (low air loss therapy)	5 years
E0277	Powered pressure-reducing air mattress	5 years
E0371	Non powered advanced pressure reducing overlay for mattress, standard mattress length and width	5 years
E0372	Powered air overlay for mattress, standard mattress length and width	5 years
E0373	Non powered advanced pressure reducing mattress	5 years
Pressure Reducing Support Surfaces – Group 3		
E0194	Air fluidized bed	N/A (Rental only)
Manual Wheelchairs		
K0001	Standard wheelchair	3 years
K0002	Standard hemi (low seat) wheelchair	3 years
K0003	Lightweight wheelchair	3 years
K0004	High strength, lightweight wheelchair	3 years
K0005	Ultra-lightweight wheelchair	3 years
K0006	Heavy duty wheelchair	3 years
K0007	Extra heavy duty wheelchair	3 years
E1161	Manual adult size wheelchair, includes tilt in space	3 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
	Transport Chairs	
E1031	Roll-about chair, any and all types with castors 5" or greater	2 years
E1037	Transport chair, pediatric size	4 years
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	4 years
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	4 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
	Pediatric Manual Wheelchairs	
E1229	Wheelchair, pediatric size, not otherwise specified	3 years
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	3 years
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	3 years
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	3 years
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	3 years
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	3 years
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	3 years
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	3 years
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	3 years
	Power Wheelchairs - Standard	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	4 years
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	4 years
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	4 years
	Power Wheelchairs – Complex Rehab	
E1239	Power wheelchair, pediatric size, not otherwise specified	4 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat back, patient weight capacity up to and including 300 pounds	4 years
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat back, patient weight capacity up to and including 300 pounds	4 years
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	4 years
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	4 years
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	4 years
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	4 years
	Power Wheelchairs – Heavy Duty	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	4 years
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4 years
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	4 years
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	4 years
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight 601 pounds or more	4 years
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	4 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4 years
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	4 years
K0843	Power wheelchair, group 2 heavy duty, multiple power options, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	4 years
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4 years
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	4 years
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	4 years
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	4 years
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	4 years
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	4 years
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4 years
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4 years
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	4 years
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	4 years
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	4 years
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	4 years
	Wheelchair Accessories - Batteries	
E2358	Power wheelchair accessory, group 34, non-sealed lead acid battery, each	2 per year
E2359	Power wheelchair accessory, group 34, sealed lead acid battery each, e.g. gel-cell, absorbed glass mat	2 per year
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	2 per year
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g. gel cell, absorbed glass mat)	2 per year
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	2 per year
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g. gel cell, absorbed glass mat)	2 per year
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	2 per year
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gel cell, absorbed glass mat)	2 per year

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	1 year ages 0-20; 2 years 21 and over
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	1 year ages 0-20; 2 years 21 and over
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glass mat), each	2 per year
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	2 per year
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	2 per year
	Wheelchair Accessories – Armrests	
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	2 per year ages 0-20; 2 per 3 years 21 and over
E2209	Accessory arm trough, with or without hand support, each	2 per year ages 0-20; 2 per 3 years 21 and over
K0015	Detachable, non-adjustable height armrest, each	2 per year ages 0-20; 2 per 3 years 21 and over
K0017	Detachable, adjustable height armrest, base, each	2 per year ages 0-20; 2 per 3 years 21 and over
K0018	Detachable, adjustable height armrest, upper portion, each	2 per year ages 0-20; 2 per 3 years 21 and over
K0019	Arm pad, each	2 per 2 years
K0020	Fixed, adjustable height armrest, pair	2 per year 0-20 1 per 3 years 21-115
	Wheelchair Accessories – Cushions	
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	2 years ages 0-20; 3 years 21 and over
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	2 years ages 0-20; 3 years 21 and over
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	3 years
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	3 years
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	3 years
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	3 years
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	3 years
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	3 years
E2609	Custom fabricated wheelchair seat cushion, any size	3 years
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	3 years
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	3 years
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	3 years
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	3 years
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	3 years
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	3 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	3 years
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	2 years ages 0-20; 3 years 21 and over
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	2 years ages 0-20; 3 years 21 and over
E2622	Skin protection wheelchair seat cushion, adjustable width less than 22 inches, any depth	3 years
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	3 years
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	3 years
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	3 years
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	1 every 6mo ages 0-20 1 per 3 years 21-115
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	1 every 6mo ages 0-20 1 per 3 years 21-115
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	1 every 6mo ages 0-20 1 per 3 years 21-115
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	1 every 6mo ages 0-20 1 per 3 years 21-115
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	1 every 6mo ages 0-20 1 per 3 years 21-115
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	1 every 6mo ages 0-20 1 per 3 years 21-115
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	1 every 6mo ages 0-20 1 per 3 years 21-115
E2633	Wheelchair accessory, addition to mobile arm support, supinator	1 every 6mo ages 0-20 1 per 3 years 21-115
	Wheelchair Accessories – Headrests	
E0966	Manual wheelchair accessory, headrest extension, each	1 year ages 0-20; 2 years 21 and over
W4130	Contoured or 3-piece head/neck supports with hardware	1 year ages 0-20; 3 years 21 and over
W4131	Basic head/neck support with hardware	1 year ages 0-20; 3 years 21 and over
W4132	Contoured or 3-piece head/neck support with multi-adjustable hardware	1 year ages 0-20; 3 years 21 and over
W4133	Basic head/neck support with multi-adjustable hardware	1 year ages 0-20; 3 years 21 and over
	Wheelchair Accessories – Reclining Back	
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	1 year ages 0-20; 3 years 21 and over
	Wheelchair Accessories – Leg Rest	
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	1 year ages 0-20; 3 years 21 and over

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
K0046	Elevating leg rest, lower extension tube, each	1 year ages 0-20 3 years ages 21 and over
K0047	Elevating leg rest, upper hanger bracket, each	1 year ages 0-20 3 years ages 21 and over
K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	1 year ages 0-20 3 years ages 21 and over
	Wheelchair Accessories – Foot Rest/Shoe Holder	
E0951	Heel loop/holder, any type, with or without ankle strap, each	1 year ages 0-20 2 years ages 21 and over
E0952	Toe loop/holder, any type, each	2 years
E0995	Wheelchair accessory, calf rest/pad, each	2 years
K0037	High mount flip-up footrest, each	1 year ages 0-20 3 years ages 21 and over
K0038	Leg strap, each	1 year ages 0-20 2 years ages 21 and over
K0039	Leg strap, H style, each	1 year ages 0-20 2 years ages 21 and over
K0040	Adjustable angle footplate, each	2 years ages 0-20; 3 years ages 21 and over
K0041	Large size footplate, each	3 years
K0042	Standard size footplate, each	3 years
K0043	Footrest, lower extension tube, each	3 years
K0044	Footrest, upper hanger bracket, each	3 years
K0045	Footrest, complete assembly	1 year ages 0-20; 3 years 21 and over
K0050	Ratchet assembly	1 year ages 0-20 3 years ages 21 and over
K0051	Cam release assembly, footrest or leg rest, each	1 year ages 0-20 3 years ages 21 and over
K0052	Swing-away, detachable footrests, each	1 year ages 0-20 3 years ages 21-115
K0053	Elevating footrests, articulating (telescoping), each	1 year ages 0-20 3 years ages 21 and over
W4143	Shoe holders with hardware	1 year ages 0-20 2 years ages 21 and over
W4144	Foot/leg rest cradle	1 year ages 0-20 2 years ages 21 and over
	Wheelchair Accessories – Seat/Back	
K0056	Seat height less than 17” or equal to or greater than 21” for a high strength, lightweight or ultra-lightweight wheelchair	1 year ages 0-20 3 years ages 21 and over
E0981	Wheelchair accessory, seat upholstery, replacement only, each	2 years
E0982	Wheelchair accessory, back upholstery, replacement only, each	2 years
E0992	Manual wheelchair accessory, solid seat insert	1 year ages 0-20; 3 years 21 and over
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	3 years
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	3 years
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	3 years
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	3 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	2 year ages 0-20; 3 years 21 and over
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	0-20 years only; 2 years
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	0-20 years only; 2 years
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	0-20 years only; 2 years
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	0-20 years only; 2 years
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	0-20 years only; 2 years
E2340	Power wheelchair accessory, non-standard seat frame width, 20-23 inches	4 years
E2341	Power wheelchair accessory, non-standard seat frame width, 24-27 inches	4 years
E2342	Power wheelchair accessory, non-standard seat frame depth, 20 or 21 inches	4 years
E2343	Power wheelchair accessory, non-standard seat frame depth, 22-25 inches	4 years
W4119	Wheelchair seat height, optional	3 years
W4152	Growth kit	1 year ages 0-20 2 years ages 21 and over
	W/C Accessories – Trunk/Extremity Support	
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	2 years ages 0-20; 3 years 21 and over
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	2 years ages 0-20; 3 years 21 and over
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	2 years ages 0-20; 3 years 21 and over
E0978	Wheelchair accessory, positioning belts/safety belt/pelvic strap, each	1 year ages 0-20; 3 years 21 and over
E0980	Safety vest, wheelchair	3 years
W4139	Sub-ASIS bars with hardware	1 year ages 0-20; 3 years 21 and over
W4140	Abductor pads with hardware, pair	1 year ages 0-20; 3 years 21 and over
W4141	Knee blocks with hardware	1 year ages 0-20; 3 years 21 and over
W4155	Adductor pads with hardware, pair	1 year ages 0-20; 3 years 21 and over
	Wheelchair Accessories – Oversized	
W4713	Oversized footplates for weights 301# and greater	3 years
W4714	Swing away special construction footrests for weights 401# and greater	3 years
W4715	Swing away reinforced leg rest elevating, for weights 301# to 400#	3 years
W4716	Swing away special construction leg rest, elevation for weights 401# and greater	3 years
W4717	Oversized calf pads	2 years
W4718	Oversized solid seat	3 years
W4719	Oversized solid back	3 years
W4722	Oversized full support footboard	3 years
W4723	Oversized full support calfboard	3 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
	Wheelchair Accessories – Power Seating Systems	
E1002	Wheelchair accessory, power seating system, tilt only	5 years
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	5 years
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	5 years
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	5 years
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	5 years
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	5 years
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	5 years
E2300	Power wheelchair accessory, power seat elevation system	0-20 years only; 3 years

	Wheelchair Accessories – Electronics	
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	2 years ages 0-20; 4 years 21 and over
E2321	Power wheelchair accessory, hand control interface, remote joystick, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, non-proportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	2 years
E2324	Power wheelchair accessory, chin cup for chin control interface	2 years
E2325	Power wheelchair accessory, sip and puff interface, non-proportional, including all related electronics, mechanical stop switch, and manual swing away mounting hardware	2 years ages 0-20; 4 years 21 and over
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	2 years
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, non-proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, non-proportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	2 years ages 0-20; 4 years 21 and over
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	2 years ages 0-20; 4 years 21 and over
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	2 years ages 0-20; 4 years 21 and over
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	2 years ages 0-20; 4 years 21 and over
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	2 years ages 0-20; 4 years 21 and over
Wheelchair Accessories – Wheels, Tires, Casters		
E2205	Manual wheelchair accessory, hand rim without projections (includes ergonomic or contoured), any type, replacement only, each	3 years
E2206	Manual wheelchair accessory, wheel lock assembly, complete, each	2 per 3 years
E2210	Wheelchair accessory, bearings, any type, replacement only, each	1 year
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	1 year
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	1 year
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	1 year
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	1 year
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	1 year
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	2 years
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	1 year
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	1 year
E2219	Manual wheelchair accessory, foam caster tire, any size, each	1 year
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	1 year
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	1 year
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	1 year
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	1 year
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	1 year
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	1 year
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	1 year
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	1 year
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	1 year

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	1 year
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	1 year
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	1 year
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	1 year
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	1 year
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	1 year
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	1 year
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	1 year
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	1 year
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	1 year
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	1 year
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	1 year
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	1 year
K0065	Spoke protectors, each	0-20 years only; 2 years
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, each	1 year ages 0-20 3 years ages 21 and over
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each	1 year ages 0-20 3 years ages 21 and over
K0071	Front caster assembly, complete, with pneumatic tire, each	1 year ages 0-20 3 years ages 21 and over
K0072	Front caster assembly, complete, with semi-pneumatic tire, each	1 year ages 0-20 3 years ages 21 and over
K0073	Caster pin lock, each	1 year ages 0-20 3 years ages 21 and over
K0077	Front caster assembly, complete, with solid tire, each	1 year ages 0-20 3 years ages 21 and over
	Wheelchair Accessories – Other	
E0950	Wheelchair accessory, tray, each	1 year ages 0-20; 3 years 21 and over
E0958	Manual wheelchair accessory, one-arm drive attachment, each	1 year ages 0-20; 3 years 21 and over
E0959	Manual wheelchair accessory, adapter for amputee, each	1 year ages 0-20; 3 years 21 and over
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	1 year ages 0-20; 3 years 21 and over
E0967	Manual wheelchair accessory, hand rim with projections, any type, each	1 year ages 0-20; 3 years 21 and over
E0971	Manual wheelchair accessory, anti-tipping device, each	2 years
E0974	Manual wheelchair accessory, anti-rollback device, each	1 year ages 0-20; 3 years 21 and over

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	2 years
E1029	Wheelchair accessory, ventilator tray, fixed	3 years
E1030	Wheelchair accessory, ventilator tray, gimbaled	3 years
E2207	Manual wheelchair accessory, crutch and cane holder, each	1 year ages 0-20 3 years ages 21 and over
E2208	Manual wheelchair accessory, cylinder tank carrier, each	1 year ages 0-20 3 years ages 21 and over
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	1 year
E2368	Power wheelchair component, motor, replacement only	2 years
E2369	Power wheelchair component, gear box, replacement only	2 years
E2370	Power wheelchair component, motor and gear box combination, replacement only	2 years
K0105	IV hanger, each	1 year ages 0-20 3 years ages 21 and over
W4005	Unlisted replacement or repair parts	NA
W4145	Manual tilt-in-space option	1 year ages 0-20 3 years ages 21 and over
W4150	Multi-adjustable tray	1 year ages 0-20 2 years ages 21 and over

	Activity/Positioning Chairs	
W4047	Miscellaneous for pediatric DME	0-20 years only
	Patient Lift	
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	3 years
E0621	Sling or seat, patient lift, canvas or nylon	2 years
	Pneumatic Compressors	
E0650	Pneumatic compressor, non-segmental home model	2 years
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	3 years
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	3 years
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	2 years
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	2 years
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	2 years
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	2 years
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	2 years
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	2 years
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	2 years
E0671	Segmental gradient pressure pneumatic appliance, full leg	2 years
E0672	Segmental gradient pressure pneumatic appliance, full arm	2 years
E0673	Segmental gradient pressure pneumatic appliance, half leg	2 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
	Transcutaneous Electric Nerve Stimulation	
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation	2 years
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	2 years
A4595	Electrical stimulator supplies, 2 lead, per month (e.g., TENS, NMES)	2 per month
	Osteogenesis Stimulators	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal application	N/A
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	N/A
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	N/A
	Continuous Passive Motion Exercise Device	
E0935	Continuous passive motion exercise device for use on knee only	N/A
	Canes and Crutches	
A4635	Underarm pad, crutch, replacement, each	6 months ages 0-20; 1 year 21 and over
A4636	Replacement, handgrip, cane, crutch, or walker, each	6 months ages 0-20; 1 year 21 and over
A4637	Replacement, tip, cane, crutch, walker, each	6 months ages 0-20; 1 year 21 and over
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	2 years ages 0-20; 3 years 21 and over
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	2 years ages 0-20; 3 years 21 and over
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	2 years ages 0-20; 3 years 21 and over
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tips and handgrips	2 years ages 0-20; 3 years 21 and over
E0112	Crutches, underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	2 years ages 0-20; 3 years 21 and over
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	2 years ages 0-20; 3 years 21 and over
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	2 years ages 0-20; 3 years 21 and over
E0118	Crutch substitute, lower leg platform, with or without wheels, each	3 years
	Canes and Crutches – Heavy Duty	
W4688	Single point cane for weights 251# to 500#	3 years
W4689	Quad cane for weights 251# to 500#	3 years
W4690	Crutches for weights 251# to 500#	3 years
W4691	Fixed-height forearm crutches for weights to 600#	3 years
	Walkers	
A4636	Replacement, handgrip, cane, crutch, or walker, each	6 months ages 0-20; 1 year 21 and over
A4637	Replacement tip, cane, crutch, walker, each	6 months ages 0-20; 1 year 21 and over
E0130	Walker, rigid (pickup), adjustable or fixed height	2 years ages 0-20; 3 years 21 and over

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E0135	Walker, folding (pickup), adjustable or fixed height	2 years ages 0-20; 3 years 21 and over
E0141	Walker, rigid, wheeled, adjustable or fixed height	2 years ages 0-20; 3 years 21 and over
E0143	Walker, folding, wheeled, adjustable or fixed height	2 years ages 0-20; 3 years 21 and over
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	3 years
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	3 years
E0154	Platform attachment, walker, each	2 years ages 0-20; 3 years 21 and over
E0155	Wheel attachment, rigid pick-up walker, per pair	3 years
E0156	Seat attachment, walker	3 years
E0158	Leg extensions for walker, per set of four (4)	3 years
W4695	Glides/skis for use with walker	2 years
	Gait Trainers	
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	0-20 years only; 3 years
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	0-20 years only; 3 years
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	0-20 years only; 3 years
	Miscellaneous Durable Medical Equipment and Supplies	
E0860	Traction equipment, over-door, cervical	3 years
E0705	Transfer device, any type, each	1 year ages 0-20; 3 years 21 and over
E0235	Paraffin bath unit, portable	2 years
E1300	Whirlpool, portable (over-tub type)	2 years
	Augmentative and Alternative Communication	
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	3 years
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	3 years
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	3 years
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	3 years
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	3 years
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	3 years
E2511	Speech generating software program, for personal computer or personal digital assistant	3 years
E2512	Accessory for speech generating device, mounting system	3 years
E2599	Accessory for speech generating device, not otherwise specified	2 years
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	\$500 per year
	Standers	
E0637	Combination sit to stand system, any size including pediatric, with seat lift feature, with or without wheels	Ages 0-20 only; 3 years

HCPCS Code	Item Description	Lifetime Expectancy or Quantity Limitation
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Ages 0-20 only; 3 years
E0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without	Ages 0-20 only; 3 years
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Ages 0-20 only; 3 years
Bath/Shower Chair		
E0240	Bath/shower chair, with or without wheels, any size	3 years
E0247	Transfer bench for tub or toilet with or without commode opening	3 years
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	3 years
Pediatric Bath/Shower Chair/Lift		
W4016	Bath seat, pediatric (e.g., TLC)	3 years
E0700	Safety equipment, device or accessory, any type	3 years
W4047	Miscellaneous for pediatric DME	Ages 0-20 only
Toilet Seat/Commode Chair		
E0163	Commode chair, mobile or stationary, with fixed arms	3 years
E0165	Commode chair, mobile or stationary, with detachable arms	3 years
E0167	Pail or pan for use with commode chair, replacement only	1 year
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type each	3 years
E0244	Raised toilet seat	3 years
Pediatric Toilet Supports/Systems		
W4047	Miscellaneous for pediatric DME	Ages 0-20 only
Equipment Service and Repair		
K0739	Repair or non-routine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	N/A

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

F. Place of Service

Home

G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at <http://dma.ncdhhs.gov/>.

For NCHC refer to G.S. 108A-70.21(d), located at http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html

Medicaid and NCHC eligible beneficiaries are exempt from co-payments.

H. Reimbursement

Providers shall bill their usual and customary charges.

For a schedule of rates, see: <http://dma.ncdhhs.gov/>

Attachment B: Provision of DMES on the Date of Discharge from Specified Facilities

Note: * indicates that item requires prior approval
BOLD indicates Medicare is primary payer for this item

HCPCS Code	Item Description
Hospital Beds and Related Supplies For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.1	
E0250*	Hospital bed, fixed height, with any type side rails, with mattress
E0255*	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0260*	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0265*	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
E0303*	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 lbs, but less than or equal to 600 lbs., with any type side rails, with mattress
E0304*	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs, with any type side rails, with mattress
E0272	Mattress, foam rubber
E0305	Bed side rails, half length
E0310	Bed side rails, full length
E0910	Trapeze bars, A/K/A patient helper, attached to bed, with grab bar
E0912*	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0940	Trapeze bar, free standing, complete with grab bar
Pressure Reducing Support Surfaces – Group I For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.2	
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
Manual Wheelchairs For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
K0001*	Standard wheelchair
K0002*	Standard hemi (low seat) wheelchair
K0003*	Lightweight wheelchair
K0004*	High strength, lightweight wheelchair
K0006*	Heavy duty wheelchair
K0007*	Extra heavy duty wheelchair

HCPCS Code	Item Description
Transport Chairs For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
E1031	Roll-about chair, any and all types with castors 5" or greater
E1038*	Transport chair, adult size, patient weight capacity up to and including 300 pounds
Wheelchair Accessories – Armrests For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
E0973*	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each
Wheelchair Accessories – Cushions For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth
E2603*	Skin protection wheelchair seat cushion, width less than 22 inches, any depth
E2604*	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
Wheelchair Accessories – Reclining Back For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
E1226*	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
Wheelchair Accessories – Leg Rest For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each
K0195*	Elevating leg rests, pair (for use with capped rental wheelchair base)
E1020	Residual limb support system for wheelchair, any type
Wheelchair Accessories – Foot Rest/Shoe Holder For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
K0052	Swing-away, detachable footrests, each
K0053*	Elevating footrests, articulating (telescoping), each
W/C Accessories – Trunk/Extremity Support For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
E0978	Wheelchair accessory, positioning belts/safety belt/pelvic strap, each

HCPCS Code	Item Description
Wheelchair Accessories – Other For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.6	
E0959	Manual wheelchair accessory, adapter for amputee, each
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0967	Manual wheelchair accessory, hand rim with projections, any type, each
E0971	Manual wheelchair accessory, anti-tipping device, each
E2208	Manual wheelchair accessory, cylinder tank carrier, each
Patient Lift	
E0630*	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
Canes and Crutches For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.21	
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tips and handgrips
E0114	Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips
Walkers For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.21	
E0141	Walker, rigid, wheeled, adjustable or fixed height
E0143	Walker, folding, wheeled, adjustable or fixed height
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each
E0149	Walker, heavy duty, wheeled, rigid or folding, any type
E0156	Seat attachment, walker
Miscellaneous Durable Medical Equipment and Supplies For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.22	
E0705	Transfer device, any type, each
Bath/Shower Chair For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.27	
E0240	Bath/shower chair, with or without wheels, any size
E0247	Transfer bench for tub or toilet with or without commode opening
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening

HCPCS Code	Item Description
Toilet Seat/Commode Chair For Clinical Coverage and Prior Approval Criteria, refer to Subsection 5.3.27	
E0163	Commode chair, mobile or stationary, with fixed arms
E0165	Commode chair, mobile or stationary, with detachable arms
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type each

Attachment C: Completing a Claim for DME or EN Services

Refer to the following information for completing a CMS-1500 claim form for DME services.

Block #/Description	Instruction
1.	Place an X in the MEDICAID or NCHC block.
1a. Insured's ID Number	Enter the beneficiary's Medicaid or NCHC ID number (nine digits and the alpha suffix) from the beneficiary's Medicaid or NCHC ID card.
2. Beneficiary's Name	Enter the beneficiary's last name, first name and middle initial from the Medicaid or NCHC ID card.
3. Beneficiary's Birth Date/Sex	Enter eight numbers to show the beneficiary's date of birth - MMDDYYYY. The birth date is on the Medicaid or NCHC ID card. EXAMPLE: November 14, 1949 is 11141949 . Place an X in the appropriate block to show the beneficiary's sex.
4. Insured's Name.	Leave blank
5. Beneficiary's Address	Enter the beneficiary's street address, including the city, state and zip code. The information is on the Medicaid or NCHC ID card. Entering the telephone number is optional.
6.—8.	Leave blank.
9. Other Insurer's Name	Enter applicable private insurer's name or the appropriate Medicare override statement if you know that Medicare will not cover the billed item, using the EXACT wording shown below: <i>This is a Medicare non-covered service.</i> <i>Service does not meet Medicare criteria.</i> <i>Medicare benefits are exhausted.</i> REMEMBER: You must have documentation to support the use of any of these statements.
9a.—9d.	Enter applicable insurance information.
10. Is Beneficiary's Condition...?	Place an X in the appropriate block for each question.
11.—14.	Optional.
15.—16.	Leave blank.
17., 17a. and 18.	Optional.
19. Reserved for Local Use	Leave blank.
20. Outside Lab...	Leave blank.
21. Diagnosis or Nature of Illness	Enter the ICD-9-CM code(s) to describe the primary diagnosis related to the service. You may also enter related secondary diagnoses. Entering written descriptions is optional.
22. Medicaid Resubmission Code	Leave blank.
23. Prior Authorization Number	When billing a national miscellaneous code, enter the 11-digit Service Request Number (SRN) from block 26 (Prior Approval No.) on the CMN/PA form. For all other codes, leave this block blank.

Note: Blocks 24A through 24K are where you provide the details about what you are billing. There are several lines for listing services. Each line is called a “detail.” When completing these blocks:

- Use one line for each HCPCS code that you bill on a given date.
- If you provide more than one unit of the same item on one day, include all the items on the same line. For example, if you provide 100 blood glucose strips (A4253) on August 2, include all of the strips on one line. Enter 2 units in 24G for that date of service.
- Include only dates of service in the SAME calendar month.
- Include only dates of service for which the beneficiary is eligible for Medicaid or NCHC.

Block #/Description	Instruction
24a. Date(s) of Service, From/To	<p>Your entry depends upon the services:</p> <p>Customized Equipment: You may enter either the date of the physician’s prescription or the date of delivery to the beneficiary’s home as the date of service. Place the date in the FROM block. Enter the same date in the TO block.</p> <p>Other Purchased Equipment - DME and EN: Enter the date the item is delivered to the beneficiary in the FROM block. Enter the same date in the TO block.</p> <p>Rental Equipment - DME and EN: For the month being billed, enter the first day in that month that the item is at the beneficiary’s residence in the FROM block. Enter the last day in that month that the item is at the beneficiary’s residence in the TO block. Do NOT span calendar months.</p> <p>EXAMPLE: <i>An enteral pump is provided from 3/25/02 through 5/15/02. Submit three claims. On March’s claim, enter 032502 in the FROM block and 033102 in the TO block. On April’s claim, enter 040102 in the FROM block and 043002 in the TO block. On May’s claim, enter 050102 in the FROM block and 051502 in the TO block.</i></p> <p>Service and Repairs: Enter the date that the item is serviced or repaired in the beneficiary’s home as the date of service. If the item is removed from the beneficiary’s home for service or repairs, enter the date that it is returned. Place the date in the FROM block. Enter the same date in the TO block.</p> <p>DME-Related Supplies: Enter the date that the item is delivered to the beneficiary’s residence in the FROM block. Enter the same date in the TO block.</p> <p>EN Supply Kits: Enter the date in the month that the therapy begins in the FROM block. If the therapy is continued from the prior month, enter the first of the month in the FROM block. Enter the last day of therapy for the month in the TO block. If the therapy extends into the next month, enter the last day of the current month in the TO block. Do NOT span calendar months. See the EXAMPLE under Rental Equipment for guidance.</p> <p>EN Individual Supply Items: Enter the date that the item is delivered to the beneficiary in the FROM block. Enter the same date in the TO block.</p> <p>EN Formulae: Enter the service dates for the formula in the FROM and TO blocks.</p>
24b. Place of Service	Enter 12 to show the items are provided at the beneficiary’s residence.
24c. Type of Services	Leave blank.

Block #/Description	Instruction
24d. Procedures, Services...	Enter the appropriate HCPCS code and modifier: NU for new purchase UE for used purchase RR for rental
24e. Diagnosis Code	Leave blank.
24f. Charges	Enter the total charge for the items on the line. For rental items, enter the full month's rental charge—do not prorate the charge if the item is provided less than a full month.
24g. Days or Units	Enter the number of units as follows: Purchased Equipment (DME and EN): Enter the number of units provided on the date of service. Rental Equipment (DME and EN)—Other than Oxygen: Enter 1 . Oxygen and Oxygen Equipment: Enter the units provided on the date of service. Service and Repair: Enter 1 unit for each 15-minute increment being billed. DME-Related Supplies: Enter the number of units provided on the date of service. EN Supply Kits: Enter the number of consecutive days shown in 24A. EN Individual Supply Items: Enter the number of units provided on the dates of service. EN Formulae: Enter the number of units provided for the dates of service.
24h.—24i.	Leave blank.
24j.—24k.	Optional.
25. Federal Tax ID Number	Optional
26. Beneficiary's Account No.	Optional. You may enter your agency's record or account number for the beneficiary. The entry may be any combination of numbers and letters up to a total of nine characters. If you enter a number, it will appear on your RA. This will assist in reconciling your accounts.
27. Accept Assignment	Leave blank.
28. Total Charge	Enter the sum of the charges listed in Item 24F .
29. Amount Paid	Enter the total amount received from third party payment sources.
30. Balance Due	Subtract the amount in Item 29 from the amount in Item 28 and enter the result here.
31. Signature of Physician or Supplier...	Leave blank if there is a signature on file with Medicaid and NCHC. Otherwise, an authorized representative of your agency must sign and date the claim in this block. A written signature stamp is acceptable.
32. Name and Address of Facility...	Optional.
33. Physician's/ Supplier's Billing Name...	Enter your agency's name, address, including ZIP code, and phone number. The name and address must be EXACTLY as shown on your Medicaid and NCHC DME participation agreement.
PIN#	Leave blank.
GRP#	Enter your seven-digit Medicaid and NCHC DME provider number.

Remember: When submitting a claim for other manually priced items (e.g., for external insulin pumps), an invoice must also be attached to the claim.

PLEASE
DO NOT
STAPLE
IN THIS
AREA

Example of Claim Form for DME

HEALTH INSURANCE CLAIM FORM										PICA	
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER <input type="checkbox"/> (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Recipient Joe A.										4. INSURED'S NAME (Last Name, First Name, Middle Initial) 999-99-9999B	
3. PATIENT'S BIRTH DATE MM DD YY 12 18 43 M <input checked="" type="checkbox"/> F <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street) CITY STATE	
5. PATIENT'S ADDRESS (No., Street) 123 Any Street CITY Any Town STATE NC										8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student <input type="checkbox"/>	
6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										11. INSURED'S POLICY GROUP OR FECA NUMBER	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										12. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) _____ c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____	
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY 03 28 04										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE MM DD YY 12 18 43	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 768.09 3. 790.6 2. 428.0 4. _____										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER 04257738906										24. A B C D E F G H I J K DATE(S) OF SERVICE From To Place of Service Type of Service PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS I MODIFIER DIAGNOSIS CODE \$ CHARGES DAYS OR UNITS EPSDT Family Plan EMG COB RESERVED FOR LOCAL USE	
03 28 04 03 31 04 12 E1390 RR										265.51 1	
03 28 04 03 31 04 12 E0431 RR										37.76 1	
03 28 04 03 28 04 12 K0001 UE										415.23 1	
03 28 04 03 28 04 12 E0607 NU										58.71 1	
03 28 04 03 28 04 12 K0108 NU										100.07 1	
04 12 04 04 12 04 12 E1340 NU										33.75 3	
25. FEDERAL TAX I.D. NUMBER SSN EIN										28. TOTAL CHARGE \$ 911.03	
26. PATIENT'S ACCOUNT NO. IAF0009										29. AMOUNT PAID \$	
27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										30. BALANCE DUE \$ 911.03	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) A Provider 4/5/04										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) Acme Medical Supply 123 Any Street Anytown, NC 12345 7700000	

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500,
APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

PLEASE
DO NOT
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IN THIS
AREA

Example of Claim Form for EN

HEALTH INSURANCE CLAIM FORM										PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #)										123-45-6789F	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)										4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
Recipient, Jane A											
3. PATIENT'S BIRTH DATE MM DD YY										6. PATIENT RELATIONSHIP TO INSURED	
06 20 44 M <input type="checkbox"/> F <input checked="" type="checkbox"/>										Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)										7. INSURED'S ADDRESS (No., Street)	
456 Any Street											
CITY STATE										CITY STATE	
Anywhere NC											
ZIP CODE TELEPHONE (Include Area Code)										ZIP CODE TELEPHONE (INCLUDE AREA CODE)	
54321 (999)123-1234											
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										b. EMPLOYER'S NAME OR SCHOOL NAME	
c. EMPLOYER'S NAME OR SCHOOL NAME										c. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, return to and complete item 9 a-d.	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
SIGNED DATE										SIGNED	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE										17a. I.D. NUMBER OF REFERRING PHYSICIAN	
18. RESERVED FOR LOCAL USE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)										20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES	
1. L 212.1											
2. L										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
3. L										23. PRIOR AUTHORIZATION NUMBER	
4. L											
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS CODE										F \$ CHARGES G DAYS OR Family Plan H EPSON I EMG J COB K RESERVED FOR LOCAL USE	
09 01 02 09 30 02 12 B4150 NU										85 40 140	
09 01 02 09 30 02 12 B9002 RR										114 89 1	
09 01 02 09 30 02 12 B4035 NU										320 10 30	
25. FEDERAL TAX I.D. NUMBER SSN EIN										26. PATIENT'S ACCOUNT NO.	
										99AZ0098	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>	
A. Provider 10/10/02										28. TOTAL CHARGE \$ 520 39 29. AMOUNT PAID \$ 00 00 30. BALANCE DUE \$ 520 39	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)										33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	
										919-999-9999 A Medical Supply Company 9 South Street Anywhere, NC 12345 7700000	

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 6/98)

PLEASE PRINT OR TYPE

APPROVED OMB-0938-0008 FORM CMS-1500 (12-90), FORM RRB-1500, APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

Attachment D: Requesting Unlisted DME and Medical Supplies for Adults

In compliance with the Centers for Medicare & Medicaid Services (CMS) Home Health Final Rule, [42 CFR Part 440.70](#), please follow these guidelines when requesting medical necessity reviews for DME and medical supplies for adults not listed in **Attachment A, Section C** or the DME fee schedule.

- a. The general requirements and criteria set forth in clinical coverage policy 5A-1 must be met. This includes, but is not limited to:
 1. The item being requested must fit the definition of durable medical equipment or medical supplies;
 2. The beneficiary must be enrolled in the N.C. Medicaid program and be eligible for the item;
 3. The provider must be enrolled in the N.C. Medicaid program with an appropriate taxonomy;
 4. The requested item must be safe, effective, economical and not intended for the convenience of the beneficiary, the beneficiary's caregiver, or the provider;
 5. The item must be medical in nature, generally recognized as an accepted method of treatment, and must not be experimental or investigational;
 6. The item must be ordered by a physician, physician assistant, or nurse practitioner; and
 7. The item must be medically necessary to maintain or improve a beneficiary's medical, physical or functional level, and appropriate for use in any non-institutional setting in which normal life activities take place;
 8. A documented face-to-face encounter with the beneficiary and the ordering physician, physician assistant, or nurse practitioner related to the primary reason the beneficiary requires the item must have occurred no more than six months prior to the initiation of durable medical equipment or medical supplies; and
 9. The beneficiary's need for the item must be reviewed by the ordering physician, physician assistant, or nurse practitioner at least annually.
- b. If the provider determines that the applicable requirements and criteria set forth in clinical coverage policy 5A-1 have been met, then the provider may submit a completed Certificate of Medical Necessity/Prior Approval (CMN/PA) and the usual supportive prior authorization documentation, to the N.C. Division of Medical Assistance (DMA) for a medical necessity review.
- c. The documentation should be **faxed directly to DMA at 919-715-1255** with a cover sheet to the attention of the **DME unit. Do not** submit these requests through NCTracks.
- d. Items approved by this procedure will be manually priced. Please include the appropriate manual pricing documentation with the prior authorization request (see [May 2017 Medicaid Bulletin](#) for details).
- e. The same timelines for review used by CSRA may also apply to this medical necessity review process.
- f. If approved, the provider will be notified and given instructions for submitting claims.
- g. If denied, the provider and beneficiary will be notified, and normal beneficiary appeal rights will apply.
- h. Providers will be notified if the device requested is covered by a different N.C. Medicaid policy area or waiver program.

Additional Resources

For additional information, link to the DMA [Durable Medical Equipment and Supplies web page](#), or the CMS final rule at [42 CFR Part 440.70](#).